

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 08, 2002 8:00 am**  
**Secretary of State**

02-08-2002 90012 035 \*\*\*\*61.25

0046040

**DOCUMENT # 749233**

1. Entity Name

**PALMETTO POINT ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

PO BOX 8502  
 FT. MYERS FL 33908

PO BOX 8502  
 FT. MYERS FL 33908

00020210



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1981012**

Applied For

Not Applicable

Zip\*

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADAMS, JOSEPH E ESQ.**  
**BECKER & POLIAKOFF, P.A.**  
**13515 BELL TOWER DRIVE, SUITE 101**  
**FT. MYERS FL 33907**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD  
 NAME: WEISEL, WAFT  Delete  
 STREET ADDRESS: 6624 DANIEL CT  
 CITY-ST-ZIP: FORT MYERS FL 33908

TITLE: PRESIDENT  
 NAME: RAY ZITZLOFF  Change  Addition  
 STREET ADDRESS: 4804 SHERAY LANE  
 CITY-ST-ZIP: FT. MYERS, FL 33908

TITLE: SD  
 NAME: SMITH, ED  Delete  
 STREET ADDRESS: 6872 GRIFFIN BLVD  
 CITY-ST-ZIP: FORT MYERS FL 33908

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: VPD  
 NAME: FELTS, RON  Delete  
 STREET ADDRESS: 4848 GRIFFIN BLVD  
 CITY-ST-ZIP: FORT MYERS FL 33908

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: DMAL  
 NAME: CRANE, MORT  Delete  
 STREET ADDRESS: 4864 LAUREN LN  
 CITY-ST-ZIP: FORT MYERS FL 33908

TITLE: DMAL  
 NAME: Betsy BERNSTEIN  Change  Addition  
 STREET ADDRESS: 6767 DANAH CT.  
 CITY-ST-ZIP: FT. MYERS FL 33908

TITLE: TD  
 NAME: NILAND, JIM  Delete  
 STREET ADDRESS: 6852 GRIFFIN BLVD.  
 CITY-ST-ZIP: FT. MYERS FL

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James Niland* JAMES NILAND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941  
 433 1827

CR2E037 (9/01)