

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90107 015 ****61.25

DOCUMENT # 763144

1. Entity Name

CENTRE COURT I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2121 COLLIER AVENUE
 FT MYERS FL 33901

2121 COLLIER AVENUE
 #200
 FT MYERS FL 33901-8134
 US

2. Principal Place of Business

3. Mailing Address



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1009471

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

SPS, INC.
3049 CLEVELAND AVENUE
LOFT
FT. MYERS FL 33901

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 **VP** Delete
 NAME **MONTI, DOLORES**
 STREET ADDRESS **2121 COLLIER AVENUE #207**
 CITY-ST-ZIP **FT MYERS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **BREWER, LLOYD**
 STREET ADDRESS **2121 COLLIER AVENUE**
 CITY-ST-ZIP **FT-MYERS FL 33901**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **TEWS, MYRRA**
 STREET ADDRESS **2121 COLLIER AVENUE**
 CITY-ST-ZIP **FT MYERS FL 33901**

TITLE Change Addition
 NAME **Elsa Scott**
 STREET ADDRESS **2121 Collier Ave**
 CITY-ST-ZIP **FT Myers FL 33901**

TITLE **D** Delete
 NAME **GARDNER, KEN**
 STREET ADDRESS **2121 COLLIER AVENUE**
 CITY-ST-ZIP **FT MYERS FL 33901**

TITLE Change Addition
 NAME **S**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **TASLER, BUD**
 STREET ADDRESS **2121 COLLIER AVE #208**
 CITY-ST-ZIP **FT. MYERS FL**

TITLE Change Addition
 NAME **D**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CASEY, CLYDE**
 STREET ADDRESS **2121 COLLIER AVENUE**
 CITY-ST-ZIP **FT MYERS FL 33901**

TITLE Change Addition
 NAME **Frez Wanahe**
 STREET ADDRESS **2121 Collier Ave**
 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #