

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 22, 2001 8:00 am**  
**Secretary of State**

06-22-2001 90068 020 \*\*\*\*61.25

**DOCUMENT # 770805**

1. Entity Name

**SOUTHWEST EXECUTIVE CENTER CONDOMINIUM ASSOCIATI**

Principal Place of Business

6214 PRESIDENTIAL CT. STE F  
 FORT MYERS FL 33919

Mailing Address

6214 PRESIDENTIAL CT. STE F  
 FORT MYERS FL 33919

2. Principal Place of Business

6214 PRESIDENTIAL CT  
 Suite, Apt. #, etc.  
 STE G

3. Mailing Address

6214 PRESIDENTIAL CT  
 Suite, Apt. #, etc.  
 STE G

City & State

FORT MYERS FL

City & State

FORT MYERS FL

4. FEI Number

59-2342534

Applied For

Not Applicable

Zip

33919

Country

USA

Zip

33919

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HESSEL, PATRICIA K.  
 6214 PRESIDENTIAL CT SW  
 SUITE F  
 FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name: GORDON B. DAVIS  
 Street Address (P.O. Box Number is Not Acceptable): 6214 PRESIDENTIAL CT  
 STE G  
 City: FORT MYERS FL Zip Code: 33919

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

*Gordon B Davis*

6/18/01

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

NOTE: If registered Agent signature required when reinstating.

DATE

FILE NOW:  
 FEE IS \$81.25

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

TITLE	STD	<input type="checkbox"/> Delete
NAME	HESSEL, PATRICIA K.	
STREET ADDRESS	6214 PRESIDENTIAL CT, SW SUITE F	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MURRAY, ROBERT	
STREET ADDRESS	6202 PRESIDENTIAL CT SW SUITE F	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAVIS, GORDON, B	
STREET ADDRESS	6214 PRESIDENTIAL ST, SW SUITE G	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*PATRICIA K HESSEL*

PATRICIA K HESSEL

DATE

Daytime Phone #

CR2007 (10/00)