

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90029 001 \*\*\*333.75

**DOCUMENT # N01000001710**

1. Entity Name  
**BERNWOOD PARK OF COMMERCE PROPERTY  
OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**P.O. BOX 366069  
BONITA SPRINGS, FL 34136**

Mailing Address  
**P.O. BOX 366069  
BONITA SPRINGS, FL 34136**



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3754053**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**ECHOLS, LARRY A  
6100 ESTERO BOULEVARD  
FORT MYERS BEACH, FL 33931**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
BERNET, JAMES A  
POST OFFICE BOX 2579  
FORT MYERS BEACH, FL 33932**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
MAURER, CHARLES F JR.  
POST OFFICE BOX 366069  
BONITA SPRINGS, FL 34136**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
ECHOLS, LARRY A  
POST OFFICE BOX 2579  
FORT MYERS BEACH, FL 33932**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #