

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90212 005 ****70.00

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**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3754053** Applied For Not Applicable

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

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

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|----------------------------------|---|------|
| TITLE | NAME | TITLE | NAME |
| PD | BERNET, JAMES A | | |
| STREET ADDRESS | POST OFFICE BOX 2579 | | |
| CITY-ST-ZIP | FORT MYERS BEACH FL 33932 | | |
| VD | MAURER, CHARLES F JR. | | |
| STREET ADDRESS | POST OFFICE BOX 366069 | | |
| CITY-ST-ZIP | BONITA SPRINGS FL 34136 | | |
| STD | ECHOLS, LARRY A | | |
| STREET ADDRESS | POST OFFICE BOX 2579 | | |
| CITY-ST-ZIP | FORT MYERS BEACH FL 33932 | | |
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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, which I am duly empowered.

SIGNATURE: *[Signature]* **SIGNATURE:** **Charles F. Maurer, Jr.** 3/24/03 239-992-9611 ext 5

CR2E037 (10/02)