

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

5/1/00

DOCUMENT # N11059

1. Entity Name

BETART ESTATES PROPERTY OWNERS ASSOCIATION, INC.

04-26-2001 90128 014 ****61.25

Principal Place of Business

3551 GORDON DRIVE
 NAPLES FL 34102
 US

Mailing Address

3551 GORDON DRIVE
 NAPLES FL 34102
 US

957937



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

65-0027035

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

DIXON, JOHN
3551 GORDON DRIVE
NAPLES FL 34102

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: **S** Delete
 NAME: **DIXON, KATHY**
 STREET ADDRESS: **3551 GORDON DR**
 CITY-ST-ZIP: **NAPLES FL 34102**

TITLE: **LINDA BOROWS - SECRETARY** Change Addition
 NAME: **LINDA BOROWS - SECRETARY**
 STREET ADDRESS: **3539 GORDON DR**
 CITY-ST-ZIP: **NAPLES, FL. 34102**

TITLE: **TD** Delete
 NAME: **LENZ, MICHAEL**
 STREET ADDRESS: **3539 GORDON DRIVE**
 CITY-ST-ZIP: **NAPLES FL**

TITLE: **CHUCK KING - TREASURES** Change Addition
 NAME: **CHUCK KING - TREASURES**
 STREET ADDRESS: **3541 GORDON DRIVE**
 CITY-ST-ZIP: **NAPLES, FL. 34102**

TITLE: **VPD**
 NAME: **HALL, GRAHAM**
 STREET ADDRESS: **22916 LAKE RD**
 CITY-ST-ZIP: **BAY VILLAGE OH 44140**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **PTD** Delete
 NAME: **DIXON, JOHN**
 STREET ADDRESS: **3551 GORDON DR**
 CITY-ST-ZIP: **NAPLES FL 34102**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Change 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN DIXON PRES

2-5-01

Date

941-404-1699

Daytime Phone #

CR2E037 (10/00)