

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N11059

FILED
Mar 25, 2002 8:00 AM
Secretary of State

Entity Name: BETART ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3551 GORDON DRIVE
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

3551 GORDON DRIVE
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 65-0027035 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIXON, JOHN
3551 GORDON DRIVE
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: BURONS, LINDA
Address: 3539 GORDON DRIVE
City-St-Zip: NAPLES, FL 34102

Title: T () Delete
Name: KING, CHUCK
Address: 3541 GORDON DRIVE
City-St-Zip: NAPLES, FL 34102

Title: VPD () Delete
Name: HALL, GRAHAM
Address: 22916 LAKE RD
City-St-Zip: BAY VILLAGE, OH 44140

Title: PTD () Delete
Name: DIXON, JOHN
Address: 3551 GORDON DR
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: BORDAS, LINDA
Address: 3539 GORDON DRIVE
City-St-Zip: NAPLES, FL 34102

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN DIXON

Electronic Signature of Signing Officer or Director

PTD

03/25/2002

Date