

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90130 031 \*\*\*\*61.25

**DOCUMENT # N12614**

1. Entity Name  
**CRACKER COVE PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business % THE WARNER CORP 886 NORTH 110TH AVE #7 NAPLES FL 34108	Mailing Address % THE WARNER CORP 886 NORTH 110TH AVE #7 NAPLES FL 34108 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number <b>65-0135874</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**WARNER, BRYAN J.**  
**886 NORTH 110TH AVE**  
**STE 7**  
**NAPLES FL 34108**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ 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 Department of State**

10. OFFICERS AND DIRECTORS

TITLE D	NAME POLI, FRANK MR	STREET ADDRESS 3810 SURVEY CIRCLE SW	CITY-ST-ZIP BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete
TITLE D	NAME RONCIN, GEORGE MR	STREET ADDRESS 3826 CRACKER WAY	CITY-ST-ZIP BONITA SPRINGS FL 33134	<input type="checkbox"/> Delete
TITLE STD	NAME DALTON, FRANCIS	STREET ADDRESS 3796 CRACKER WAY SW	CITY-ST-ZIP BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/> Delete
TITLE D	NAME BLAKE, VANCE	STREET ADDRESS 3790 CRACKER WAY SW	CITY-ST-ZIP BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete
TITLE VD	NAME STAMP, DONALD	STREET ADDRESS 3818 SURVEY CIRCLE SW	CITY-ST-ZIP BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/> Delete
TITLE PD	NAME ANDREWS, DONALD	STREET ADDRESS 3799 CRACKER WAY	CITY-ST-ZIP BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D	NAME ELLIFF, JOHN	STREET ADDRESS 2772 Cracker Way	CITY-ST-ZIP Bonita Springs, Fl. 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE STD	NAME BRUNSWICK, ROGER	STREET ADDRESS 3774 Cracker Way SW	CITY-ST-ZIP Bonita Springs, Fl. 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Donal Andrews* **DONALD ANDREWS** 4/11/02 941-495-7795  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #

CR2E037 (9/01)