


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90515 038 ****61.25

DOCUMENT # N12614

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



Principal Place of Business
**% THE WARNER CORP
 886 110TH AVE N. #7
 NAPLES, FL 34108 US**

Mailing Address
**% THE WARNER CORP
 886 110TH AVE N #7
 NAPLES, FL 34108 US**

04040513



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

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

01132004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
**WARNER, BRYAN J.
 886 110TH AVE. N.
 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. 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**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | POLI, FRANK MR | |
| STREET ADDRESS | 3810 SURVEY CIRCLE SW | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34134 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | RONCIN, GEORGE MR | |
| STREET ADDRESS | 3826 CRACKER WAY | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 33134 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ELLIFF, JOHN | |
| STREET ADDRESS | 2772 CRACKER WAY | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34134 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | WARNER, BRYAN J | |
| STREET ADDRESS | 886 110TH AVE. N. #7 | |
| CITY-ST-ZIP | NAPLES, FL 34108 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | BRUNSWICK, ROGER | |
| STREET ADDRESS | 3774 CRACKER WAY SW | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34134 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | ANDREWS, DONALD | |
| STREET ADDRESS | 3799 CRACKER WAY | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34134 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 Date 4/23/04 Daytime Phone # _____