

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90062 023 ****61.25

DOCUMENT # N26533

1. Entity Name

INTERSTATE PARK 78 PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10501 6 MILE CYPRESS PKWY
 STE 107
 FT. MYERS FL 33912
 US

10491 SIX MILE CYPRESS
 #207
 FT. MYERS FL 33912
 US

000004



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

65-0119355

Applied For

Not Applicable

Zip

Country

Zip

Country

33912

USA

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

~~STATES, JOHN E.~~
 10501 6 MILE CYPRESS PKWY
 STE 107
 FT. MYERS FL 33912

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 NAME	PD STATES, JOHN E. <input type="checkbox"/> Delete
STREET ADDRESS	10501 6 MILE CYPRESS PKWY #107
CITY-ST-ZIP	FT. MYERS FL
TITLE NAME	D STATES, E. D <input type="checkbox"/> Delete
STREET ADDRESS	10501 SIX MILE CYPRESS PKWY, #107
CITY-ST-ZIP	FT MYERS FL
TITLE NAME	D DAWSON, TERRI <input type="checkbox"/> Delete
STREET ADDRESS	10501 6 MILE CYPRESS PKWY #107
CITY-ST-ZIP	FT. MYERS FL
TITLE NAME	D STATES, AMY C <input checked="" type="checkbox"/> Delete
STREET ADDRESS	10491 SIX MILE CYPRESS #207
CITY-ST-ZIP	FORT MYERS FL 33912
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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] **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-12-02

941-278-5500

CR2E037 (9/01)