

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90148 042 \*\*\*\*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**      **10501 SIX MILE CYPRESS  
107  
FORT MYERS FL 33912  
US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-0119355**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **TERRI DAWSON**  
Street Address (P.O. Box Number is Not Acceptable) **10501 SIX MILE CYPRESS PKWY #107**  
City **Ft Myers**      FL      Zip Code **33912**

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

**1-3-03**

**FILE NOW: FEE IS \$61.25**

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

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	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KIMBERLY J SHIVELY</b>	
STREET ADDRESS	<b>10501 SIX MILE CYPRESS PKWY #107</b>	
CITY-ST-ZIP	<b>Ft MYERS FL 33912</b>	
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

**1-3-03**

Date

**231-278-5800**

Daytime Phone #

CR2E037 (10/02)