

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90086 038 ****70.00

DOCUMENT # N99000000184

1. Entity Name

BERWOOD BUSINESS PARK PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 366069
 BONITA SPRINGS FL 34136

POST OFFICE BOX 366069
 BONITA SPRINGS FL 34136

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

59-3592687

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ECHOLS, LARRY A
6100 ESTERO BOULEVARD
FORT MYERS BEACH FL 33931

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	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	BERNET, JAMES A	POST OFFICE BOX 2579	FORT MYERS BEACH FL 33932	<input type="checkbox"/>	<input type="checkbox"/>
VD	MAURER, CHARLES F JR.	P O BOX 366069	BONITA SPRINGS FL 34136	<input type="checkbox"/>	<input type="checkbox"/>
STD	ECHOLS, LARRY A	POST OFFICE BOX 2579	FORT MYERS BEACH FL 33932	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption provided 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 has 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 in 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 life emp...

SIGNATURE:  **SIGNATURE REQUIRED**

4/19/02 (941) 992-9611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)