

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90029 001 ***333.75

DOCUMENT # N99000000184
 1. Entity Name
BERNWOOD BUSINESS PARK PROPERTY OWNER'S ASSOCIATION, INC.



Principal Place of Business Mailing Address
POST OFFICE BOX 366069 **POST OFFICE BOX 366069**
BONITA SPRINGS, FL 34136 **BONITA SPRINGS, FL 34136**

DO NOT WRITE IN THIS SPACE



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3592687	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ECHOLS, LARRY A
6100 ESTERO BOULEVARD
FORT MYERS BEACH, FL 33931

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 - Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERNET, JAMES A POST OFFICE BOX 2579 FORT MYERS BEACH, FL 33932
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAURER, CHARLES F JR. P O BOX 366069 BONITA SPRINGS, FL 34136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ECHOLS, LARRY A POST OFFICE BOX 2579 FORT MYERS BEACH, FL 33932
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12. I hereby certify that the information supplied in 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 information.

SIGNATURE: _____ **7 Jan 01 239 992961**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #