


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

<b>DOCUMENT # N99000000184</b> 1. Entity Name <b>BERNWOOD BUSINESS PARK PROPERTY OWNER'S ASSOCIATION, INC.</b>	
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FILED  
 2007 APR 19 AM 10:46  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business POST OFFICE BOX 366069 BONITA SPRINGS FL 34136	Mailing Address POST OFFICE BOX 366069 BONITA SPRINGS FL 34136
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number <b>59-3592687</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  ECHOLS, LARRY A 6100 ESTERO BOULEVARD FORT MYERS BEACH FL 33931	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) --- City <span style="float: right;"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete RITTER, PAUL D JR POST OFFICE BOX 2579 FORT MYERS BEACH FL 33932
TITLE	VD <input type="checkbox"/> Delete MAURER, CHARLES F JR. P O BOX 366069 BONITA SPRINGS FL 34136
TITLE	STD <input type="checkbox"/> Delete ECHOLS, LARRY A POST OFFICE BOX 2579 FORT MYERS BEACH FL 33932
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>300098298023</b>
STREET ADDRESS	<b>04/24/07--01051--001 **322.50</b>
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	<b>3/24/07</b>
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  **302207** 234.  
992-9611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #