


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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90145 041 ****70.00

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

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. 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)

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	PD	<input type="checkbox"/> Delete
NAME	BERNET, JAMES A	
STREET ADDRESS	POST OFFICE BOX 2579	
CITY-ST-ZIP	FORT MYERS BEACH FL 33932	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MAURER, CHARLES F JR.	
STREET ADDRESS	P O BOX 366069	
CITY-ST-ZIP	BONITA SPRINGS FL 34136	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ECHOLS, LARRY A	
STREET ADDRESS	POST OFFICE BOX 2579	
CITY-ST-ZIP	FORT MYERS BEACH FL 33932	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<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 appointed to execute the 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, which is otherwise like the above.

SIGNATURE: **Charles F. Maurer, Jr.** 3/24/03 239-9611 ext 5

CR2E037 (10/02)