

5/16

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90044 004 \*\*\*\*61.25

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N99000003250**

1. Entity Name

**HANCOCK CREEK SOUTH CENTER PROPERTY OWNER'S ASSO**

Principal Place of Business

Mailing Address

390 PONDELLA ROAD SUITE 4  
NORTH FORT MYERS FL 33903

390 PONDELLA ROAD SUITE 4  
NORTH FORT MYERS FL 33903-4340

300100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0928907

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STERN, FRANK**  
**390 PONDELLA ROAD SUITE 4**  
**NORTH FORT MYERS FL 33903**

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  Delete  
NAME **D STERN, EDWARD H**  
STREET ADDRESS **390 PONDELLA ROAD SUITE 4**  
CITY-ST-ZIP **NORTH FORT MYERS FL 33903**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D STERN, FRANK**  
STREET ADDRESS **390 PONDELLA ROAD SUITE 4**  
CITY-ST-ZIP **NORTH FORT MYERS FL 33903**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D STERN, E.J.**  
STREET ADDRESS **390 PONDELLA ROAD SUITE 4**  
CITY-ST-ZIP **NORTH FORT MYERS FL 33903**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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:

**FRANK STERN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/00**

Date

Daytime Phone #

017 1999