

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
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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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 #