

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90361 040 \*\*\*\*61.25

0068394

**DOCUMENT # N99000003250**

1. Entity Name

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

Principal Place of Business

**390 PONDELLA ROAD SUITE 4  
 NORTH FORT MYERS FL 33903**

Mailing Address

**390 PONDELLA ROAD SUITE 4  
 NORTH FORT MYERS FL 33903**

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

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

**B0039811**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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.

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STERN, EDWARD H</b>	
STREET ADDRESS	<b>390 PONDELLA ROAD SUITE 4</b>	
CITY-ST-ZIP	<b>NORTH FORT MYERS FL 33903</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STERN, FRANK</b>	
STREET ADDRESS	<b>390 PONDELLA ROAD SUITE 4</b>	
CITY-ST-ZIP	<b>NORTH FORT MYERS FL 33903</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STERN, E.J.</b>	
STREET ADDRESS	<b>390 PONDELLA ROAD SUITE 4</b>	
CITY-ST-ZIP	<b>NORTH FORT MYERS FL 33903</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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

Date

Daytime Phone #

CR2E037 (10/00)