


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000003250</b>			
1. Entity Name <b>HANCOCK CREEK SOUTH CENTER PROPERTY OWNER'S ASSOCIATION, INC.</b>			
Principal Place of Business <b>390 PONDELLA ROAD SUITE 4 NORTH FORT MYERS FL 33903</b>		Mailing Address <b>390 PONDELLA ROAD SUITE 4 NORTH FORT MYERS FL 33903</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>STERN, FRANK 390 PONDELLA ROAD SUITE 4 NORTH FORT MYERS FL 33903</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> Zip Code	



MOORE CR2E037 (11/03)

4. FEI Number <b>65-0928907</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STERN, EDWARD H STREET ADDRESS 390 PONDELLA ROAD SUITE 4 CITY-ST-ZIP NORTH FORT MYERS FL 33903	<input type="checkbox"/> Delete	TITLE NAME STERN, EDWARD H STREET ADDRESS 390 PONDELLA ROAD SUITE 4 CITY-ST-ZIP NORTH FORT MYERS FL 33903	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STERN, FRANK STREET ADDRESS 390 PONDELLA ROAD SUITE 4 CITY-ST-ZIP NORTH FORT MYERS FL 33903	<input type="checkbox"/> Delete	TITLE NAME STERN, FRANK STREET ADDRESS 390 PONDELLA ROAD SUITE 4 CITY-ST-ZIP NORTH FORT MYERS FL 33903	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STERN, E.J. STREET ADDRESS 390 PONDELLA ROAD SUITE 4 CITY-ST-ZIP NORTH FORT MYERS FL 33903	<input type="checkbox"/> Delete	TITLE NAME STERN, E.J. STREET ADDRESS 390 PONDELLA ROAD SUITE 4 CITY-ST-ZIP NORTH FORT MYERS FL 33903	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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02/16/04-80165-024 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 - FRANK STERN PRES.** 2/13/04 - 239-995-7391

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