


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

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

**DOCUMENT # N99000003250**

1. Entity Name  
**HANCOCK CREEK SOUTH CENTER PROPERTY OWNER'S ASSOCIATION, INC.**



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 Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt #, etc.

City & State

Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **65-0928907** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		
CITY-ST-ZIP		

U00000054315  
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. Date: 2/13/04 Daytime Phone #: 239-995-7391