

DOCUMENT # 723362	
1. Entity Name	
POLITICALLY ACTIVE PROPERTY OWNERS, INC	

Principal Place of Business	Mailing Address
3001 ESTERO BLVD. FT. MYERS BEACH FL 33931 US	3001 ESTERO BLVD. FT. MYERS BEACH FL 33931 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	

Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	
MYERS, THOMAS F. 3001 ESTERO BLVD. FT. MYERS BEACH FL 33931	

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.	
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SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	MYERS, THOMAS F
STREET ADDRESS	3001 ESTERO BLVD.
CITY-ST-ZIP	FT. MYERS BEACH FL 33931
TITLE	D <input type="checkbox"/> Delete
NAME	ROBERTS, FAYE
STREET ADDRESS	1919 COURTNEY DR.
CITY-ST-ZIP	FT. MYERS FL 33901
TITLE	VSTD <input type="checkbox"/> Delete
NAME	ALSOP, ANN
STREET ADDRESS	2555 ESTERO BLVD.
CITY-ST-ZIP	FT. MYERS BEACH FL 33931
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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.	
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SIGNATURE <i>Thomas F Myers</i>	THOMAS F MYERS	1/3/00	941 463 7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90014 008 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-1837587	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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CR2E037 (10/00)