

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90094 037 ****70.00

DOCUMENT # 757445

1. Entity Name

PUNTA RASSA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

17080 HARBOUR PT DR. #100
 FT. MYERS FL 33908

Mailing Address

13571 MCGREGOR BLVD
 SUITE 26
 FT. MYERS FL 33919-6057

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2274377

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ADAMS, JOSEPH E
13515 BELL TOWER DRIVE
SUITE 101
FT MYERS FL 33907

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

TITLE	PB	<input type="checkbox"/> Delete
NAME	POTTER, REID	
STREET ADDRESS	15011 PUNTA RASSA RD., #506	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	YB	<input type="checkbox"/> Delete
NAME	MACHEROWSKI, S L	
STREET ADDRESS	15021 PUNTA RASSA RD #702	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	STB	<input type="checkbox"/> Delete
NAME	CHRISTENSEN, GAIL	
STREET ADDRESS	15011 PUNTA RASSA RD #404	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, JAMES	
STREET ADDRESS	15021 PUNTA RASSA RD	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, ALTON	
STREET ADDRESS	15021 PUNTA RASSA ROAD #903	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	DST	<input type="checkbox"/> Delete
NAME	GAETA, ANTHONY	
STREET ADDRESS	15021 PUNTA RASSA RD #702	
CITY-ST-ZIP	FT. MYERS FL 33908	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patty Couch	
STREET ADDRESS	15021 Punta Rassa Rd #902	
CITY-ST-ZIP	Ft Myers FL 33907	
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:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)