

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90062 049 *****70.00

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DOCUMENT # 757445

1. Entity Name

PUNTA RASSA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

17360 HARBOUR PT DR. #100
 FT. MYERS FL 33908

13571 MCGREGOR BLVD
 SUITE 26
 FT. MYERS FL 33919

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
STD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	CHEVERTON, VIRGINIA	15010 Punta Rassa Rd, #108	Ft. Myers FL 33908	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	DEASON, CHARLIE	15031 PUNTA RASSA RD, #100Y	FT MYERS FL 33908	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

JOSEPH E ADAMS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02
 Date

Daytime Phone #

CR2E037 (9/01)