

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90076 041 ****61.25

DOCUMENT # 757445
1. Entity Name
PUNTA RASSA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**17060 HARBOUR PT DR. #100
FT. MYERS FL 33908**

Mailing Address
**13571 MCGREGOR BLVD
SUITE 26
FT. MYERS FL 33919**

11007809



2. Principal Place of Business
15008 Punta Rassa Rd

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

CHECK HERE IF MAKING CHANGES

City & State
Ft Myers FL

City & State

4. FEI Number **59-2274377**

Applied For
 Not Applicable

Zip **33908** Country **USA**

Zip Country

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. 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

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 PD	<input type="checkbox"/> Delete
NAME POTTER, REID	
STREET ADDRESS 15011 PUNTA RASSA RD., #506	
CITY-ST-ZIP FT. MYERS FL 33908	
TITLE VD	<input type="checkbox"/> Delete
NAME MACHEROWSKI, S L	
STREET ADDRESS 15021 PUNTA RASSA RD #702	
CITY-ST-ZIP FT. MYERS FL 33908	
TITLE STD	<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 type="checkbox"/> Delete
NAME CHEVERTON, VIRGINIA	
STREET ADDRESS 15010 PUNTA RASSA RD., #108	
CITY-ST-ZIP FT. MYERS FL 33908	
TITLE D	<input type="checkbox"/> Delete
NAME DEASON, CHARLIE	
STREET ADDRESS 15031 PUNTA RASSA RD., #1004	
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 D	<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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE STD	<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	

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: *Virginia Cheverton ST 4/15/03*

CR2E037 (10/02)