FILED
Sep 02, 2002 8:00 am
Secretary of State
05-20-2002 90020 023 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767975

1. Entity Name

THE PLACE, UNIT ONE, PROPERTY OWNERS' ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
C/O CORBIN HENDERSON COMPANY 401 BARKLEY CIR FT. MYERS FL 33907	6719 WINKLER RD STE 210 FT. MYERS FL 33919 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	17210-1 TERRAVERDE CIR Suite, Apt. #, etc.
City & State	City & State: FORT MYERS, FL
Zip / Country	Zip: 33908-4414 / Country: USA

4. FEI Number: 59-2411661 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEFFENS, JANE C.
6719 WINKER RD
#210
FT. MYERS FL 33919

7. Name and Address of New Registered Agent

Name: JACQUELYN G REITENGA
Street Address (P.O. Box Number is Not Acceptable): 17210-1 TERRAVERDE CIR
City: FORT MYERS FL Zip Code: 33908-4414

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: Jacquelyn Reitenga
(Signature, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be $236.25.

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	PD PRESIDENT MURRAY, MICHAEL J. 1553 MATTHEW DR. FT. MYERS FL	☐ Delete	DIRECTOR JACQUELYN G REITENGA 17210-1 TERRAVERDE CIR FORT MYERS, FL 33908-4414	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SHERMAN, MARTIN J., M.D. 1375 SAUTERNE FT. MYERS FL	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIRECTOR KASH, IRVIN J. M. 1555 MATTHEW DRIVE FT. MYERS FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (4/02)

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 9/2/02 239-489-3148
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

Attached

870542

767975

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

August 19, 2002

THE PLACE, UNIT ONE, PROPERTY OWNERS" ASSOCIATION, INC
17210-1 TERRAVERCE CIRCLE
FORT MYERS, FL 33908-4414 US

Subject: **THE PLACE, UNIT ONE, PROPERTY OWNERS" ASSOCIATION, INC.**

Reference Number: **767975**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/gs
ANNUAL REPORTS SECTION

5/20/2002-90020-023-$61.25-$61.25

5/2

5/20

[redacted]

Attachment

[redacted]

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767975

1. Entity Name

THE PLACE, UNIT ONE, PROPERTY OWNERS' ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
C/O CORBIN HENDERSON COMPANY 40-1 BARKLEY CIR FT. MYERS FL 33907	6719 WINKLER RD STE 210 FT. MYERS FL 33919 US

2. Principal Place of Business	3. Mailing Address
	17210-1 TERRAVERDE CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: FORT MYERS FL
Zip / Country	Zip: 33908-4414 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2411681 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEFFENS, JANIE C.
6719 WINKLER RD
#210
FT. MYERS FL 33919

7. Name and Address of New Registered Agent

Name: JACQUELYN G. REITENGA
Street Address (P.O. Box Number is Not Acceptable): 17210-1 TERRAVERDE CR
City: FORT MYERS FL Zip Code: 33908

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] 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. ☐ $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: PD PRESIDENT NAME: MURRAY, MICHAEL J. D STREET ADDRESS: 1533 MATTHEW DR. CITY-ST-ZIP: FT. MYERS FL	☐ Delete	TITLE: JACQUELYN G. REITENGA NAME: 17210-1 TERRAVERDE CR -D STREET ADDRESS: FT MYERS, FL 33908-4414 CITY-ST-ZIP:	☐ Change ☒ Addition
TITLE: VD VICE PRESIDENT NAME: SHERMAN, MARTIN J., M.D. STREET ADDRESS: 1375 SAUTERNE CITY-ST-ZIP: FT. MYERS FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: DIRECTOR NAME: KASH, IRVIN J. M D STREET ADDRESS: 1563 MATTHEW DRIVE CITY-ST-ZIP: FT. MYERS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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SIGNATURE: SIGNATURE REQUIRED [signature] 4/01/02 239-489-3148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (8/01)

Attachment

[redacted]

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 16, 2002

THE PLACE, UNIT ONE, PROPERTY OWNERS" ASSOCIATION, INC
17210-1 TERRAVERDE CIR
FORT MYERS, FL 33908 US

Subject: **THE PLACE, UNIT ONE, PROPERTY OWNERS" ASSOCIATION, INC.**

Reference Number: **767975**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JC
ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314