Applied For Not Applicable

\$8.75 Additional

Fee Required

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

DOCUMENT # 767975

1. Entity Name

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



04-28-2003 91342 010 ****61.25

FILED

N, INC.		WE WE THE				
Principal Place of Business C/O CORBIN HENDERSON COMPANY 40-1 BARKLEY CIR FT. MYERS FL 33907 2. Principal Place of Business Suite, Apt. #, etc.		Mailing Address		1		
		17210-1 TERRAVERDE CIR FORT MYERS FL 33908-4414 US		L 19010 10010 Dell 10010 1011 (1011 (1011		
		3. Mailing Address				
		Suite, Apt. #, etc.		☐ CHECK HER		
City & State		City & State		4. FEI Number 59-2411661		
Zip	Country	Zip	Country	5. Certificate of Status Desired		
	3. Name and Address of Curre	ent Registered Agent		7. Name and Address of New		
			Name			

☐ CHECK HERE IF MAKING CHANGES

o. Name and Address of Current Registered Agent	/. Name and Address of New Registered Agent			
	Name			
REITENGA, JACQUELYN G 17210-1 TERRAVERDE CIR	Street Address (P.O. Box Number is Not Acceptable)			
FORT MYERS FL 33908-4414				
	City	FL Zip Code		
The should person on the cultural this statement for the surpose of should be its	rouletered office or registered agents or best	- the Caste of Plantals I am familian with and account		

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

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 Florida Department of State
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10. OFFICERS AND DIRECTORS			11.	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	☐ Delete	TITLE			Change	Addition	
NAME	MURRAY, MICHAEL J.		NAME			_	_	
STREET ADDRESS	1553 MATTHEW DR.		STREET ADDRESS				ì	
CITY-ST-ZIP	FT. MYERS FL		CITY-ST-ZIP				1	
TITLE	D	☐ Delete	TITLE			☐ Change	Addition	
NAME	KASH, IRVIN J. M		NAME			_ ~	_	
STREET ADDRESS	1555 MATTHEW DRIVE		STREET ADDRESS			- ~		
CITY-ST-ZIP	FT. MYERS FL	, 	CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
NAME	REITENGA, JACQUELYN G		NAME					
STREET ADDRESS	17210-1 TERRAVERDE CIR		STREET ADDRESS				Ì	
CITY-ST-ZIP	FORT MYERS FL 33908-4414		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME		.;			
STREET ADDRESS	·		STREET ADDRESS				Ì	
CITY-ST-ZIP			CITY-ST-ZIP			ue.		
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TITLE		Delete	TITLE			Change	Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS				1	
THEY SIN /IP 1			1111V_S1_21D 1					

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 exemption 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 AND VIETO OR PRINTED NAME OF SIGNING ORDER OR DIRECTOR

4/24/03 239-489-3148

CR2E037 (