## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 768250**

1. Corporation Name

## DANPORT CENTER PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business
2004 JOHNSON ROAD IMMOKALEE FL 34142
US

Mailing Address

2004 JOHNSON ROAD IMMOKALEE FL 34142



04-19-1999 90080 005 \*\*\*\*61.25

						1		_			
2. Principal P	Place of Business	2a. Mailing Address				3. Date Incorporated or Qualifed					
21		26				05/03/1983 4. FEI Number					
Suite, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.						$\rightarrow$	plied For	
22		27				65-0411634				Applicable	
City & Stat	te	City & State				5. Certificate of Status D	esired 🔲		\$8.75 <i>A</i>		
28					Solutotto oi Statas Dosnot			Fee Required			
Zip	Country	Country Zip Cou				6. Election Campaign Financing \$5.00 May Be					
24	25 29 3					Trust Fund Contribution	on 🗔		Added t	o Fees	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
				81	81 Name						
JOHNSON, DOUGLAS L				82 Street Address (P.O. Box Number is Not Acceptable)							
2000 JOHNSON ROAD				de died Addies (1.0. Dox Mains in Not Addeption)							
IMMOKALEE FL 34142				83							
IMMUNALEE FL 34142						City 85 Zip Code					
				84	City			FL 🖹	35 Zip (	, ode	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered											
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered											
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.											
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	(NOTE: Registered	Agent	signature required	when reinstating)	DAT	Έ			
12.	OFFICERS AND		13.			ADDITIONS/CHANGE	S TO OFFICER	S AND I	DIRECTO	RS IN 12	
TITLE	PD		ELETE 1.1 TI	TLE					] Change	☐ Addition	
NAME	JOHNSON, DOUGLAS	1			WE .				1		
	2000 JOHNSON ROAD				ADDRESS					l	
		•		TY-57							
CITY-ST-ZIP	IMMOKALEE FL 34142		ELETE 2.1 TI		-21-				Change	Addition	
TITLE	STD	<u></u>	2.2 N					_		_	
NAME	WELLO, DINOCIEDA G									į	
STREET ADDRESS	1				ADDRESS					Ţ	
CITY-ST-ZIP	IMMOKALEE FL 34142	<u></u>		TY-S	T-ZIP				- Change	Addition	
TITLE	VPD □ DELETE 3.11							_	Johnnyo		
NAME	JOHNSON, INA L. 32 N									ļ	
STREET ADDRESS	2000 JOHNSON ROAD		3.3 S	TREET	ADDRESS					1	
CITY-ST-ZIP	IMMOKALEE FL 34142			ITY-S	r- ZIP				105		
TITLE	1	□ Di	ELETE 4.1 TI	TLE				L	] Change	☐ Addition	
NAME			4. 2 N	AME							
STREET ADDRESS			4.3 \$	TREET	ADDRESS					j	
CITY-ST-ZIP				TY-ST	-ZIP						
TITLE		☐ DI	ELETE 5.1 TI						] Change	Addition	
NAME	1		5.2 N	AME							
STREET ADDRESS			5.3 S	TREET	ADDRESS						
CITY-ST-ZIP			5.4 C	ITY-ST	-ZIP						
TITLE		□ DI	ELETE 6.1 TI	TLE					] Change	Addition	
NAME			6.2 N	AME						Ì	
STREET ADDRESS	_		6.3 S	TREET	ADDRESS						
CITY-ST-7IP		)	6.4 C	ITY-ŞT	-ZIP						

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 annual report of suppliemental annual 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 carporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or or an attachment with an address, with all other like empowered.

SIGNATURE: