2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
04-10-2001 90117 041 ****61.25

DOCUMENT # 768250

1. Entity Name

DANPORT CENTER PROPERTY OWNERS' ASSOCIATION,INC.

Principal Place of Business	Mailing Address
~~2004 JOHNSON ROAD~~ ~~IMMOKALEE FL 34142~~ US	~~2004 JOHNSON ROAD~~ ~~IMMOKALEE FL 34142~~ US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14291 Metro Pkwy #1300	14291 Metro Pkwy #1300
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Myers FL	City & State: Ft Myers FL
Zip: 33912 Country: USA	Zip: 33912 Country: USA

4. FEI Number: 65-0411634 ☐ 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
~~JOHNSON, DOUGLAS L~~ ~~2000 JOHNSON ROAD~~ ~~IMMOKALEE FL 34142~~	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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ ~~JOHNSON, DOUGLAS~~ ~~2000 JOHNSON ROAD~~ ~~IMMOKALEE FL 34142~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Jeff Darrash 14291 Metro Pkwy #1300 Ft Myers FL 33912	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~STD~~ ~~WELLS, DRUCILLA G~~ ~~2004 JOHNSON ROAD~~ ~~IMMOKALEE FL 34142~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Barry Patel 14291 Metro Pkwy #1300 Ft Myers FL 33912	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VPD~~ ~~JOHNSON, INA L.~~ ~~2000 JOHNSON ROAD~~ ~~IMMOKALEE FL 34142~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Glenn Cribbett 14291 Metro Pkwy #1300 Ft Myers FL 33912	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Diane Russell 14291 Metro Pkwy #1300 Ft Myers FL 33912	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~John Enright~~	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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] SIGNATURE REQUIRED Jeff Darrash 3-30-01 941-561-4666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #