

FILED
Apr 22, 2003 8:00 am
Secretary of State
03-21-2003 90103 017 ****61.25

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

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DOCUMENT # N00000001043					
1. Entity Name PONDELLA COMMERCE PARK PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business PO BOX 61605 FORT MYERS FL 33906 US			Mailing Address PO BOX 61605 FORT MYERS FL 33906 US		
2. Principal Place of Business			3. Mailing Address		
Suits, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE ☐ 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		
MILLER, KATHY 18770 OLD BAYSHORE ROAD N FORT MYERS FL 33917			Name <u>W. KIRK BECK</u> Street Address (P.O. Box Number is Not Acceptable) <u>1464-1 PINE SHAW CIRCLE</u> City <u>Fort Myers</u> FL <u>33901</u>		
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 <u>[Signature]</u> Signature types or printed name of registered agent and file # applicable.			SIGNATURE <u>W. KIRK BECK</u> <u>3/19/03</u> (NOTE: Registered Agent signature required when retreating)		
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WEISBERG, STEVEN M		NAME		
STREET ADDRESS	1500 COLONIAL BLVD.		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33907		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BECK, W. KIRK		NAME		
STREET ADDRESS	1009 MELALEUCA LANE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33901		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MILLER, KATHY		NAME		
STREET ADDRESS	18770 OLD BAYSHORE ROAD		STREET ADDRESS		
CITY-ST-ZIP	N FORT MYERS FL 33917		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BARNETTE ANDREW A.		NAME		
STREET ADDRESS	4417 DEL PRADO BLVD.		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33904		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 40 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			SIGNATURE <u>3/19/03</u> <u>337-1010</u> Date Daytime Phone		