

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90268 046 ****61.25

DOCUMENT # N00000001108

1. Entity Name
METRO-DANIELS OWNERS' ASSOCIATION, INC.



Principal Place of Business
**6700-1 DANIELS PARKWAY
FORT MYERS, FL 33912**

Mailing Address
**6700-1 DANIELS PARKWAY
FORT MYERS, FL 33912**

14010200



DO NOT WRITE IN THIS SPACE

04272005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1094742

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BUNDSCHU, CHRIS
6700-1 DANIELS PARKWAY
FORT MYERS, FL 33912**

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
BUNDSCHU, CHRIS
6700-1 DANIELS PARKWAY
FORT MYERS, FL 33912**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVST
BUNDSCHU, GAYLE
6700-1 DANIELS PARKWAY
FORT MYERS, FL 33912**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ANDREWS, DONNY
13411 METRO PARKWAY
FT MYERS, FL 33912**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GAYLE BUNDSCHU

Date

4/27/05

Daytime Phone #

239-693-1000