

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90075 030 ****70.00

DOCUMENT # N01000000963

1. Entity Name

BERNWOOD PLACE PROPERTY OWNER'S ASSOCIATION, INC

Principal Place of Business

Mailing Address

**POST OFFICE BOX 2579
 FORT MYERS BEACH FL 33932**

**POST OFFICE BOX 2579
 FORT MYERS BEACH FL 33932**

2. Principal Place of Business

PO Box 366069

3. Mailing Address

PO Box 366069

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

4. FEI Number

Applied For

Applied For

Not Applicable

Zip

34136

Country

USA

Zip

34136

Country

USA

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

**ECHOLS, LARRY A
 6100 ESTERO BOULEVARD
 FORT MYERS BEACH FL 33931**

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

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **BERNET, JAMES A**
 CITY-ST-ZIP **POST OFFICE BOX 2579**
FORT MYERS BEACH FL 33932

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **MAURER, CHARLES F JR.**
 CITY-ST-ZIP **POST OFFICE BOX 2579**
FORT MYERS BEACH FL 33932

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS **PO Box 366069**
 CITY-ST-ZIP **Bonita Springs, FL 34136**

TITLE ☐ Delete
 NAME **STD**
 STREET ADDRESS **ECHOLS, LARRY A**
 CITY-ST-ZIP **POST OFFICE BOX 2579**
FORT MYERS BEACH FL 33932

☐ Change ☐ Addition
 TITLE
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 CITY-ST-ZIP

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 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, 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 entries.

SIGNATURE:

SIGNATURE REQUIRED

4/19/02 (941) 992-9611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)