

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

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90155 014 \*\*\*\*70.00

**DOCUMENT # N01000000963**

**1. Entity Name**  
**BERNWOOD PLACE PROPERTY OWNER'S ASSOCIATION, INC**



**Principal Place of Business**

**PO BOX 366069  
BONITA SPRINGS FL 34136**

**Mailing Address**

**PO BOX 366069  
BONITA SPRINGS FL 34136**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **APPLIED FOR**  
**03-0461445**

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**

**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. 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

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

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

**TITLE** **VD** ☐ Delete  
**NAME** **MAURER, CHARLES F**  
**STREET ADDRESS** **PO BOX 366069**  
**CITY-ST-ZIP** **BONITA SPRINGS FL 34136**

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

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

**TITLE** ☐ Change ☐ Addition  
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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 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 changes indicated.**

**SIGNATURE:**

**SIGNATURE** **Charles F. Maurer, Jr.** **3/25/03** **239-992-9611**

CR2E037 (10/02)