2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N13433

1. Entity Name
SIX MILE COMMERCIAL PARK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% RONALD E. INGE 5571 HALIFAX AVE FT. MYERS, FL 33912	% RONALD E. INGE 5571 HALIFAX AVE FT. MYERS, FL 33912

01082007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2826668
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

INGE, RONALD E.
5571 HALIFAX AVE
FT. MYERS, FL 33912

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	MCNEW, QUINTON B.
STREET ADDRESS	16632 BOBCAT COURT
CITY-ST-ZIP	FT. MYERS, FL
TITLE	DP
NAME	INGE, RONALD E.
STREET ADDRESS	5571 HAXIFAX AVE.
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	DV
NAME	MCNEW, QUINTON B
STREET ADDRESS	16632 BOBCAT CT
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	DS
NAME	WEISBERG, STEVEN M
STREET ADDRESS	1500 COLONIAL BLVD #217
CITY-ST-ZIP	FORT MYERS, FL 339071026
TITLE	DT
NAME	SASSER, CHRISTINE
STREET ADDRESS	5811 HALIFAX AVE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000636318
02/26/07-80012-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 2/12/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #