## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 24, 2000 8:00 am Secretary of State **DOCUMENT # N15202** 1. Entity Name DAUGHTREY'S CREEK PROPERTY OWNERS ASSOCIATION, I 03-24-2000 90068 049 \*\*\*\*61.25 Principal Place of Business Mailing Address 7840 DENI DRIVE 7840 DENI DRIVE C/O DOUGLAS M. CONNELL C/O DOUGLAS M. CONNELL N. FORT MYERS FL 33917-3344 N. FORT MYERS FL 33917 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State NOT APPLICABLE Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent --Name Street Address (P.O. Box Number is Not Acceptable) CONNELL, DOUGLAS M 7840 DENI DRIVE C/O DOUGLAS M. CONNELL Zip Code City N. FORT MYERS FL 33917 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ;;; FILE NOW: ` .... 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25

10.	つからました日本日本日本 FORFICERS AND DIREC	CTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN	10	_
TITLE	PD ST STATE MINER CONT	Delete	TITLE	PA	Change	Addition 🔲	(66/
NAME	STONNER, ROBERT	-	NAME	JOE JAISLONSKI		ļ	6) 2
STREET ADDRESS	7424 DANA LIN CIRCLE		STREET ADDRESS	7409 DANA LIN CIRCLE	7	ſ	2
CITY-ST-ZIP	NO FT MYERS FL 33917		CITY-ST-ZIP	JOE JABLONSKI 7409 DANA LIN CIRCLE N. FT. MYERS, FL 3391	/ 		R2F037
TITLE	D.	<b>≥</b> Delete	TITLE .	VPD.	<b>™</b> Change	☐ Addition	Ö
NAME	NELSON, VICTORIA		NAME	MELISSA O'CONNOR		ĺ	
STREET ADDRESS	7464 DANA LIN CIRCLE		STREET ADDRESS	7750 DENI DR			l
CITY-ST-ZIP	N.FT MYERS FL	ح پې بورنسماند سب	CITY-ST-ZIP	N.FT. MYERS, FL 3391	<u> </u>		l
TITLE	TD	Delete	TITLE	TO	🔀 Change	Addition	ĺ
NAME	CONNELL, DOUGLAS M		NAME	JACKIE WARDEN			l
STREET ADDRESS	7840 DENI DRIVE		STREET ADDRESS	16225 TAYESS IN	,	ľ	İ
CITY-ST-ZIP	NO FT MYERS FL		CITY-ST-ZIP	N. FT. MYERS, FL 33917			l
TITLE	Day may make mana	☐ Delete	TITLE	SD	Change Change	☐ Addition	1
NAME	BLUHM, LINDA		NAME	STEVE ROGERSON			
STREET ADDRESS	16560 MARC ALLEN DRIVE		STREET ADDRESS	7574 TANIA LN	7	Ì	l
CITY-ST-ZIP	N FT MYERS FL 35917		CITY-ST-ZIP	N. FT. MYERS, FL 3591	<u>/</u> _		l
TITLE	SD	<b>≥</b> Delete	TITLE		☐ Change	Addition	l
NAME	PERRY, MICHAEL		NAME			ĺ	
STREET ADDRESS	7415 DANA-LIN CIRCLE		STREET ADDRESS				
CITY-ST-ZIP	NO FT MYERS FL 33917		CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE		Change	☐ Addition (	ı
NAME	DEWAR, BONNIE		NAME .			)	l
STREET ADDRESS	16520 MARC ALLEN DRIVE		STREET ADDRESS			f	į
CITY-ST-ZIP	NORTH FORT MYERS FL 33917		CITY-ST-ZIP				Į
12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR