

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15202

1. Entity Name

DAUGHTREY'S CREEK PROPERTY OWNERS ASSOCIATION, I  
NC.

Principal Place of Business

7409 DANALIN CIRCLE  
NORTH FORT MYERS FL 33917

Mailing Address

7409 DANALIN CIRCLE  
C/O DOUGLAS M. CONNELL  
NORTH FORT MYERS FL 33917

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

NOT APPLICABLE

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

JABLONSKI, JOSEPH A  
7409 DANDLIN CIRCLE  
NORTH FORT MYERS FL 33917

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 PD ☐ Delete  
NAME JABLONSKI, JOE  
STREET ADDRESS 7409 DANA LIN CIRCLE  
CITY-ST-ZIP NO FT MYERS FL 33917

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

TITLE VPD ☐ Delete  
NAME PRESCOTT, JOHN  
STREET ADDRESS 7606 GRASSY COURT  
CITY-ST-ZIP FORT MYERS FL 33917

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

TITLE STD ☒ Delete  
NAME DAVIS, WENDY  
STREET ADDRESS 7341 SEAM LANE  
CITY-ST-ZIP FORT MYERS FL 33917

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

TITLE SD ☐ Delete  
NAME O'CONNOR, MELISSA  
STREET ADDRESS 7750 SEAN LANE  
CITY-ST-ZIP FORT MYERS FL 33917

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

TITLE D ☐ Delete  
NAME WRIGHT, KEN  
STREET ADDRESS 7315 SEAN LANE  
CITY-ST-ZIP FORT MYERS FL 33917

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

TITLE D ☒ Delete  
NAME HAWES, KAREN  
STREET ADDRESS 7990 DENI DRIVE  
CITY-ST-ZIP NORTH FORT MYERS FL 33917

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 29, 2002 8:00 am  
Secretary of State

05-29-2002 90708 043 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)