

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90310 027 ****61.25

DOCUMENT # N24667

1. Entity Name
**LUCKETT ROAD TRUCK & AUTO PLAZA PROPERTY
OWNERS' ASSOCIATION, INC.**



Principal Place of Business
**P.O. BOX 7326
FT. MYERS, FL 33911-7326**

Mailing Address
**P.O. BOX 7326
FT. MYERS, FL 33911-7326 US**

00000044



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2410390

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**BUNDSCHU JR, CHARLES C
8510 GRANITE COURT
FT. MYERS, FL 33908**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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 **PSD** ☐ Delete
NAME **BUNDSCHU JR, CHARLES C**
STREET ADDRESS **8510 GRANITE COURT**
CITY-ST-ZIP **FORT MYERS, FL 33908**

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

TITLE **VTD** ☐ Delete
NAME **BUNDSCHU III, CHARLES C**
STREET ADDRESS **5900 ENTERPRISE PARKWAY**
CITY-ST-ZIP **FORT MYERS, FL 33905**

TITLE **P** ☒ Change ☐ Addition
NAME **Bundschu III, Charles C**
STREET ADDRESS **6700-1 Daniels Parkway**
CITY-ST-ZIP **Ft. Myers, FL 33912**

TITLE **D** ☐ Delete
NAME **BUNDSCHU, GAYLE**
STREET ADDRESS **5900 ENTERPRISE PARKWAY**
CITY-ST-ZIP **FORT MYERS, FL 33905**

TITLE **VPD** ☒ Change ☐ Addition
NAME **Bundschu, Gayle**
STREET ADDRESS **6700-1 Daniels Parkway**
CITY-ST-ZIP **Ft. Myers, FL 33912**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Change ☒ Addition
NAME **Verbeeck, Peter**
STREET ADDRESS **1451 SE 9 Court**
CITY-ST-ZIP **Hialeah, FL 33010**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/14/05

Date

Daytime Phone #