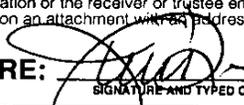


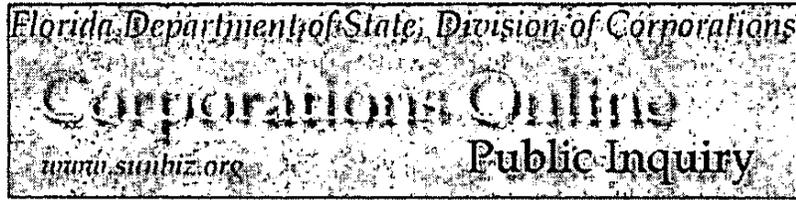
61.25

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90190 034 \*\*\*\*61.25

<b>DOCUMENT # N45223</b>					
1. Entity Name SIX MILE CYPRESS COMMERCE PARK PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 10501 SIX MILE CYPRESS PKWY SUITE 107 FT MYERS, FL 33912-6400 US			Mailing Address 10501 SIX MILE CYPRESS PKWY SUITE 107 FT MYERS, FL 33912-6400 US		
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 65-0297262	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAWSON, TERRI 10501 SIX MILE CYPRESS PKY SUITE 107 FT. MYERS, FL 33912			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 _____ (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. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STATES, JOHN E.		NAME		
STREET ADDRESS	10501 SIX MILE CYPRESS PKY #107		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STATES, E. D		NAME		
STREET ADDRESS	10501 SIX MILE CYPRESS PKY #107		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAWSON, TERRI		NAME		
STREET ADDRESS	10501 SIX MILE CYPRESS PKY #107		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHIVELY, KIMBERLY J		NAME		
STREET ADDRESS	10501 SIX MILE CYPRESS PKY #107		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 my address, with all other like empowered.					
SIGNATURE: 		TERRI DAWSON		2/15/05 239-278-5800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



40023917

Florida Non Profit

SIX MILE CYPRESS COMMERCE PARK PROPERTY OWNERS ASSOCIATION, INC.

PRINCIPAL ADDRESS

10501 SIX MILE CYPRESS PK WY  
 SUITE 107  
 FT MYERS FL 33912-6400 US  
 Changed 02/28/2002

MAILING ADDRESS

10501 SIX MILE CYPRESS PK WY  
 SUITE 107  
 FT MYERS FL 33912-6400 US  
 Changed 02/28/2002

Document Number  
 N45223

FEI Number  
 650297262

Date Filed  
 09/19/1991

State  
 FL

Status  
 ACTIVE

Effective Date  
 NONE

Registered Agent

Name & Address
DAWSON, TERRI 10501 SIX MILE CYPRESS PKY SUITE 107 FT. MYERS FL 33912
Name Changed: 01/08/2003
Address Changed: 04/24/1996

Officer/Director Detail

Name & Address	Title
STATES, JOHN E. 10501 SIX MILE CYPRESS PKY #107 FT MYERS FL	PD

STATES, E. D 10501 SIX MILE CYPRESS PKY #107 FT MYERS FL	D
DAWSON, TERRI 10501 SIX MILE CYPRESS PKY #107 FT MYERS FL	D
SHIVELY, KIMBERLY J 10501 SIX MILE CYPRESS PKY #107 FORT MYERS FL 33912	D

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### Annual Reports

Report Year	Filed Date
2002	02/28/2002
2003	01/08/2003
2004	03/16/2004

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No Events  
No Name History Information

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- [02/28/2002 -- COR - ANN REP/UNIFORM BUS REP](#)
- [01/29/2001 -- ANN REP/UNIFORM BUS REP](#)
- [01/27/2000 -- ANN REP/UNIFORM BUS REP](#)
- [02/10/1999 -- ANNUAL REPORT](#)
- [01/30/1998 -- ANNUAL REPORT](#)
- [04/30/1997 -- ANNUAL REPORT](#)
- [04/24/1996 -- 1996 ANNUAL REPORT](#)

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