

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

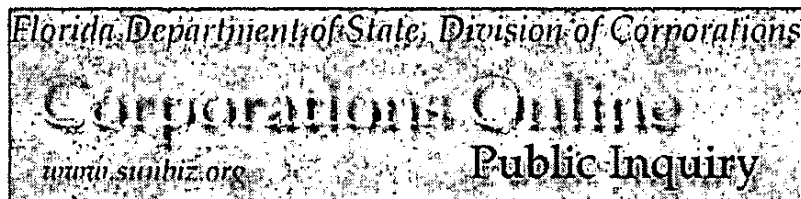
02-28-2005 90190 034 ****61.25

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02162005 Chg-NP CR2E037 (10/03)

DOCUMENT # N45223 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0297262	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DAWSON, TERRI 10501 SIX MILE CYPRESS PKY SUITE 107 FT. MYERS, FL 33912			7. Name and Address of New Registered Agent 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 NAME STREET ADDRESS CITY - ST - ZIP	PD STATES, JOHN E. 10501 SIX MILE CYPRESS PKY #107 FT MYERS, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STATES, E. D 10501 SIX MILE CYPRESS PKY #107 FT MYERS, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAWSON, TERRI 10501 SIX MILE CYPRESS PKY #107 FT MYERS, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHIVELY, KIMBERLY J 10501 SIX MILE CYPRESS PKY #107 FORT MYERS, FL 33912	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>TERRI DAWSON</u> <u>2/15/05</u> <u>239-278-5800</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



40023917

Florida Non Profit

SIX MILE CYPRESS COMMERCE PARK PROPERTY OWNERS ASSOCIATION,
INC.

PRINCIPAL ADDRESS

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

MAILING ADDRESS

10501 SIX MILE CYPRESS PKWY
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 Name History Information

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