

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 07, 2005
Secretary of State

DOCUMENT# N45223

Entity Name: SIX MILE CYPRESS COMMERCE PARK PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**10501 SIX MILE CYPRESS PKWY
SUITE 107
FT MYERS, FL 339126400 US**New Principal Place of Business:**10501 SIX MILE CYPRESS PKWY
SUITE 105K
FT MYERS, FL 339126400 US**Current Mailing Address:**10501 SIX MILE CYPRESS PKWY
SUITE 107
FT MYERS, FL 339126400 US**New Mailing Address:**10501 SIX MILE CYPRESS PKWY
SUITE 105K
FT MYERS, FL 339126400 US**FEI Number:** 65-0297262**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DAWSON, TERRI
10501 SIX MILE CYPRESS PKY
SUITE 107
FT. MYERS, FL 33912 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: STATES, JOHN E.,
Address: 10501 SIX MILE CYPRESS PKY #107
City-St-Zip: FT MYERS, FL**Title:** D (X) Delete
Name: STATES, E. D
Address: 10501 SIX MILE CYPRESS PKY #107
City-St-Zip: FT MYERS, FL**Title:** D (X) Delete
Name: DAWSON, TERRI
Address: 10501 SIX MILE CYPRESS PKY #107
City-St-Zip: FT MYERS, FL**Title:** D (X) Delete
Name: SHIVELY, KIMBERLY J
Address: 10501 SIX MILE CYPRESS PKY #107
City-St-Zip: FORT MYERS, FL 33912**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: DAWSON, TERRI L,
Address: 10501 SIX MILE CYPRESS PKY #105K
City-St-Zip: FT MYERS, FL**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRI DAWSON

P

11/07/2005

Electronic Signature of Signing Officer or Director

Date