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Jun 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000002493 (2)

1. Corporation Name

SECTION 28 COMMERCIAL CENTER PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3451 BONITA BAY BOULEVARD, S.W. SUITE 202 BONITA SPRINGS FL 33923

3451 BONITA BAY BOULEVARD, S.W. SUITE 202 BONITA SPRINGS FL 34134-4395

3. Date Incorporated or Qualified **05/10/1996** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

34134-4395

25

29

30

4. FEI Number **65-0672237**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GLEESON, JOHN
 3451 BONITA BAY BOULEVARD, S.W.
 SUITE 202
 BONITA SPRINGS FL 33923**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code **34134-4395**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** DELETE
 NAME **PLOWMAN, RICHARD W**
 STREET ADDRESS **3451 BONITA BAY BOULEVARD, S.W., SUITE 202**
 CITY-ST-ZIP **BONITA SPRINGS FL 33923**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **VPD** DELETE
 NAME **GILKEY, DENNIS E**
 STREET ADDRESS **3451 BONITA BAY BOULEVARD, S.W., SUITE 202**
 CITY-ST-ZIP **BONITA SPRINGS FL 33923**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **SD** DELETE
 NAME **GLEESON, JOHN M**
 STREET ADDRESS **3451 BONITA BAY BOULEVARD, S.W., SUITE 202**
 CITY-ST-ZIP **BONITA SPRINGS FL 33923**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **T** DELETE
 NAME **BAUMAN, ANDREW M**
 STREET ADDRESS **3451 BONITA BAY BOULEVARD, S.W., SUITE 202**
 CITY-ST-ZIP **BONITA SPRINGS FL 33923**

4.1 TITLE Change Addition
 4.2 NAME **T**
 4.3 STREET ADDRESS **Schestag, Harvey R.**
 4.4 CITY-ST-ZIP **3451 Bonita Bay Blvd #202 Bonita Springs, FL**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE **4/08/97**

CR2E037 (9/96)