

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002493 (2)
 1. Corporation Name
SECTION 28 COMMERCIAL CENTER PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 3451 BONITA BAY BOULEVARD, S.W. SUITE 202 BONITA SPRINGS FL 34134-4395 US	Mailing Address 3451 BONITA BAY BOULEVARD, S.W. SUITE 202 BONITA SPRINGS FL 33923
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3. Date Incorporated or Qualified
05/10/1996

4. FEI Number 65-0672237	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	25 Zip
29 34134	30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**GLEESON, JOHN
3451 BONITA BAY BOULEVARD, S.W.
SUITE 202
BONITA SPRINGS FL 34134**

10. Name and Address of New Registered Agent

81 Name Gilkey, Dennis E
82 Street Address (P.O. Box Number is Not Acceptable) 3451 Bonita Bay Blvd., Ste 202
83
84 City Bonita Springs
85 Zip Code FL 34134

11. Pursuant to the provisions of Sections 617.0502 and 617.0503, 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 *[Signature]* DATE **4/22/98**

Signature, board or printed name of registered agent as shown applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PLOWMAN, RICHARD W		1.2 NAME	
STREET ADDRESS 3451 BONITA BAY BOULEVARD, S.W., SUITE 202		1.3 STREET ADDRESS	
CITY-ST-ZIP BONITA SPRINGS FL 33923		1.4 CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GILKEY, DENNIS E		2.2 NAME	
STREET ADDRESS 3451 BONITA BAY BOULEVARD, S.W., SUITE 202		2.3 STREET ADDRESS	
CITY-ST-ZIP BONITA SPRINGS FL 33923		2.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GLEESON, JOHN M		3.2 NAME	
STREET ADDRESS 3451 BONITA BAY BOULEVARD, S.W., SUITE 202		3.3 STREET ADDRESS	
CITY-ST-ZIP BONITA SPRINGS FL 33923		3.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHESTAG, HARVEY R		4.2 NAME	
STREET ADDRESS 3451 BONITA BAY BOULEVARD, S.W., SUITE 202		4.3 STREET ADDRESS	
CITY-ST-ZIP BONITA SPRINGS FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME Burgess, Thomas J	
STREET ADDRESS		5.3 STREET ADDRESS 3451 Bonita Bay Blvd., Ste 202	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Bonita Springs, FL 34134	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME Rodgers, Edmund W Jr	
STREET ADDRESS		6.3 STREET ADDRESS 3451 Bonita Bay Blvd., Ste 202	
CITY-ST-ZIP		6.4 CITY-ST-ZIP Bonita Springs, FL 34134	

14. 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 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: *[Signature]* DATE: **4/22/98**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0062380

CR2E037 (10/97)