


FILE NOW: FILING FEE IS \$61.25

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90003 004 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N 9600000 2493 ✓

1. Corporation Name
 Section 28 Commercial Center Property Owners Association, Inc.

Principal Place of Business 27800 Old 41 Road Bonita Springs, FL 34135	Mailing Address 27800 Old 41 Road Bonita Springs, FL 34134
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2. Principal Place of Business 21 27800 Old 41 Rd. Suite, Apt. #, etc. 22 City & State 23 Bonita Springs, FL Zip Country 24 34135 25 USA	2a. Mailing Address 26 27800 Old 41 Rd. Suite, Apt. #, etc. 27 City & State 28 Bonita Springs, FL Zip Country 29 34135 30 USA	3. Date Incorporated or Qualified 5-10-96	4. FEI Number 59-2475007 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent
 Dennis E. Gilkey
 3451 Bonita Bay Blvd
 Suite 202
 Bonita Springs FL 34134

10. Name and Address of New Registered Agent

81 Name Lentz Steve	82 Street Address (P.O. Box Number is Not Acceptable) 27800 Old 41 Rd.	83	84 City Bonita Springs	85 Zip Code FL 34135
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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: *[Signature]* DATE: 4-26-99

12. OFFICERS AND DIRECTORS

TITLE: DV	NAME: Edmund W. Rodgers	STREET ADDRESS: 3451 Bonita Bay Blvd, # 202	CITY-ST-ZIP: Bonita Springs, FL 34134	<input checked="" type="checkbox"/> DELETE
TITLE: PD	NAME: Dennis E. Gilkey	STREET ADDRESS: 3451 Bonita Bay Blvd #202	CITY-ST-ZIP: Bonita Springs, FL 34134	<input checked="" type="checkbox"/> DELETE
TITLE: TD	NAME: Harvey R. Schestak	STREET ADDRESS: 3451 Bonita Bay Blvd #202	CITY-ST-ZIP: Bonita Springs, FL 34134	<input checked="" type="checkbox"/> DELETE
TITLE: S	NAME: Thomas J. Burgess	STREET ADDRESS: 3451 Bonita Bay Blvd #202	CITY-ST-ZIP: Bonita Springs, FL 34134	<input checked="" type="checkbox"/> DELETE
TITLE: SD	NAME: John M. Gleason	STREET ADDRESS: 3451 Bonita Bay Blvd #202	CITY-ST-ZIP: Bonita Springs, FL 34134	<input checked="" type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: P J	1.2 NAME: Richard Clarke	1.3 STREET ADDRESS: 12553 New Brittany Blvd	1.4 CITY-ST-ZIP: Ft. Myers, FL 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE: V D	2.2 NAME: Heidi Colgate	2.3 STREET ADDRESS: P.O. Box 3454	2.4 CITY-ST-ZIP: Ft. Myers, FL 33918	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE: S T D	3.2 NAME: Ellsworth McIntyre	3.3 STREET ADDRESS: 6075 Pelican Bay Blvd	3.4 CITY-ST-ZIP: Naples, FL 34108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE:	4.2 NAME:	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE:	5.2 NAME:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE:	6.2 NAME:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *Richard Clarke* Richard Clarke 4/30/99 941-947-4552