

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # n98000006228
1. Entity Name
Freedom Acres Homeowners Association, Inc.

FILED
02 NOV 18 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
~~8057x NW 17th St~~
Suite, Apt. #, etc. 2944 NW 17th terr
City & State Cape Coral, FL
Zip 33993 Country USA

3. Mailing Address
2944 NW 17th terr
Suite, Apt. #, etc.
City & State Cape Coral, FL
Zip 33993 Country USA

4. FEI Number N/A Applied For
Not Applicable

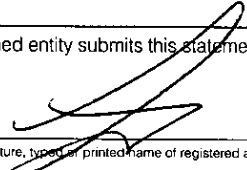
5. Certificate of Status Desired \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name FRANK Mezzatesta
Street Address (P.O. Box Number is Not Acceptable)
2944 NW 17th terr
City Cape Coral FL Zip Code 33993

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.

SIGNATURE  President DATE 10/20/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR

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

Make Check Payable to Department of State

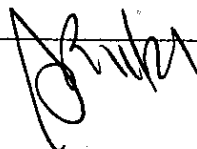
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President FRANK MEZZATESTA 2944 NW 17th terr Cape Coral, FL 33993
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Michael White 1828 SE 2nd terr CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Russell O'Brien 114 SE 7th St Cape Coral, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Nathan Northrop 1015 SE 5th PL Cape Coral, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  President DATE 10/20/02 283-2268

CR2E037B (12/01)