

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2001 8:00 am
Secretary of State

03-29-2001 90018 011 ****61.25

DOCUMENT # N99000001811

1. Entity Name

THE CAMPUS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

1625 WEST MARION AVENUE SUITE 2
PUNTA GORDA FL 33950

Mailing Address

1625 WEST MARION AVENUE SUITE 2
PUNTA GORDA FL 33950

2. Principal Place of Business

26001 Notre Dame Blvd.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 511748
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Punta Gorda, FL

City & State

Punta Gorda, FL

4. FEI Number

65-1013086

Applied For

Not Applicable

Zip

33955

Country

Charlotte

Zip

33951

Country

Charlotte

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WAKSLER, GERALD
1625 WEST MARION AVENUE SUITE 2
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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 D
NAME ECKHOFF, WILLIAM
STREET ADDRESS 3300 SUNSET KEY CIRCLE, UNIT C
CITY-ST-ZIP PUNTA GORDA FL 33951 ☐ Delete

TITLE D
NAME ECKHOFF, LIDNA
STREET ADDRESS 3300 SUNSET KEY CIRCLE, UNIT C
CITY-ST-ZIP PUNTA GORDA FL 33951 ☐ Delete

TITLE D
NAME STEPHENS, CHRIS
STREET ADDRESS 3942 NW VALENCIA STREET
CITY-ST-ZIP ARCADIO FL 34266 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME Cindy Marie Eckhoff
STREET ADDRESS 645 Monroe Dr.
CITY-ST-ZIP Punta Gorda, FL 33950 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Walter D. Eckhoff

8-13-01

941-639-0447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)