

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **744378** (1)

1. Corporation Name

ACCESS COMMONS "C" ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4299 GULF SHORE BLVD. N.
NAPLES FL 33940
US

4251 GULF SHORE BLVD. N.
C/O D.J. BERKLEY #6B
NAPLES FL 33940
US

3. Date Incorporated or Qualified
09/26/1978

3a. Date of Last Report
04/26/1995

4. FEI Number

NOT APPLICABLE

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CATALANO, ANTHONY J
4001 TAMiami TRAIL N
SUITE 404
NAPLES FL 33940-5702**

81 Name

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

83

84 City

FL

85

Zip Code

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

(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 NICHOLS, JOHN G
STREET ADDRESS 4301 GULF SHORE BLVD N 1202
CITY-ST-ZIP NAPLES FL

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE VD DELETE
NAME GRABNER, ROBERT H
STREET ADDRESS 6318 N. TAMiami TRAIL
CITY-ST-ZIP NAPLES FL

21 TITLE Change Addition
22 NAME **D HASEN, WILLIAM**
23 STREET ADDRESS **4255 GULF SHORE BLVD N - #1002**
24 CITY-ST-ZIP **NAPLES, FL 33940**

TITLE STD DELETE
NAME BERKLEY, D. J
STREET ADDRESS 4251 GULF SHORE BLVD. N, #6B
CITY-ST-ZIP NAPLES FL

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE D DELETE
NAME BAKER, RICHARD J
STREET ADDRESS 4200 GULF SHORE BLVD. N
CITY-ST-ZIP NAPLES FL

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE D DELETE
NAME MICHAELS, GEORGE
STREET ADDRESS 4401 GULF SHORE BLVD N 1508
CITY-ST-ZIP NAPLES FL

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

3/22/96 Date

941/434-8496 Day/Even Phone #

CR2E037 (12/95)