

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 4299 GULF SHORE BLVD. N. NAPLES FL 33940 US
Mailing Address: 4251 GULF SHORE BLVD. N. C/O D.J. BERKLEY #6B NAPLES FL 34103-3427 US

3. Date Incorporated or Qualified: 09/26/1978
3a. Date of Last Report: 04/03/1996

2. Principal Place of Business: 21
2a. Mailing Address: 26 4401 GULF SHORE BLVD N.
Sulte, Apt. #, etc.: 22 C/O JAMES P. STEWART
City & State: 23 NAPLES, FL
Zip: 24 34103 Country: 25 USA
27 34103 Country: 28 USA

4. FEI Number: 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

9. Name and Address of Current Registered Agent
CATALANO, ANTHONY J
4001 TAMiami TRAIL N
SUITE 404
NAPLES FL 33940-5702

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
(NOTE: Registered Agent signature required when relistating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NICHOLS, JOHN G	
STREET ADDRESS	4301 GULF SHORE BLVD N 1202	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HASEN, WILLIAM	
STREET ADDRESS	4255 GULF SHORE BLVD. N. #1002	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BERKLEY, D. J	
STREET ADDRESS	4251 GULF SHORE BLVD. N. #6B	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, RICHARD J	
STREET ADDRESS	4200 GULF SHORE BLVD. N	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MICHAELS, GEORGE	
STREET ADDRESS	4401 GULF SHORE BLVD N 1508	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RICHARD HAVEL	
1.3 STREET ADDRESS	4301 GULF SHORE BLVD. N.	
1.4 CITY-ST-ZIP	NAPLES, FL 34103	
2.1 TITLE	V. PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RONALD LAVINE	
2.3 STREET ADDRESS	4255 GULF SHORE BLVD. N.	
2.4 CITY-ST-ZIP	NAPLES, FL 34103	
3.1 TITLE	SECRETARY / TREASURER / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GEORGE MICHAELS	
3.3 STREET ADDRESS	4401 GULF SHORE BLVD N.	
3.4 CITY-ST-ZIP	NAPLES, FL 34103	
4.1 TITLE	MEMBER DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KHOSROW MOAVENI	
4.3 STREET ADDRESS	4351 GULF SHORE BLVD N.	
4.4 CITY-ST-ZIP	NAPLES, FL 34103	
5.1 TITLE	MEMBER DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DR. PAUL CRESSMAN	
5.3 STREET ADDRESS	4251 GULF SHORE BLVD. N.	
5.4 CITY-ST-ZIP	NAPLES, FL 34103	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

CR2E037 (9/96)