

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90063 009 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 744378**

1. Corporation Name  
**ACCESS COMMONS "C" ASSOCIATION, INC.**

Principal Place of Business 4299 GULF SHORE BLVD. N. NAPLES FL 34103 US	Mailing Address 4401 GULF SHORE BLVD N C/O JAMES P. STEWART NAPLES FL 34103 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>09/26/1978</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>NOT APPLICABLE</b>
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24	25	29
24	25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JAMES STEWART 4401 GOLF SHORE BLVD. N. SUITE 404 NAPLES FL 34103		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVEL, RICHARD	1.2 NAME	
STREET ADDRESS	4301 GULF SHORE BLVD N	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>LAWINE, RONALD</del>	2.2 NAME	JEFF BAUER
STREET ADDRESS	4255 GULF SHORE BLVD N	2.3 STREET ADDRESS	4255 GULF SHORE BLVD. N
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	NAPLES, FL 34103
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAELS, GEORGE	3.2 NAME	
STREET ADDRESS	4401 GULF SHORE BLVD N	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHOSROW, MOAVENI	4.2 NAME	
STREET ADDRESS	4351 GULF SHORE BLVD N	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>GRESSMAN, PAUL D</del>	5.2 NAME	Bill LEAVITT
STREET ADDRESS	4251 GULF SHORE BLVD N	5.3 STREET ADDRESS	4251 GULF SHORE BLVD. N
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	NAPLES FL 34103
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Don SIGNATURE REQUIRED 2/25/99 Date Daytime Phone #

CR2E037 (11/98)