

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90027 048 ****61.25

DOCUMENT # 744378

1. Entity Name

ACCESS COMMONS "C" ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4299 GULF SHORE BLVD. N.
 NAPLES FL 34103
 US

4401 GULF SHORE BLVD N
 C/O JAMES P. STEWART
 NAPLES FL 34103-3450
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES STEWART
4401 GOLFSHORE BLVD. N.
SUITE 404
NAPLES FL 34103

Name

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

NO SUITE #

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:
FEES IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **PD** Delete
 NAME: ~~HAVEZ, RICHARD~~
 STREET ADDRESS: **4301 GULF SHORE BLVD N**
 CITY-ST-ZIP: **NAPLES FL**

TITLE: **PD** Change Addition
 NAME: **JAMES ALEXANDER**
 STREET ADDRESS: **4301 GOLFSHORE BLVD. N.**
 CITY-ST-ZIP: **NAPLES, FL. 34103**

TITLE: ~~VPB~~ Delete
 NAME: **BAUER, JEFF**
 STREET ADDRESS: **4255 GULF SHORE BLVD N**
 CITY-ST-ZIP: **NAPLES FL 34103**

TITLE: **D** Change Addition
 NAME: **D**
 STREET ADDRESS: **D**
 CITY-ST-ZIP: **D**

TITLE: ~~STD~~ Delete
 NAME: ~~MICHAELS, GEORGE~~
 STREET ADDRESS: **4401 GULF SHORE BLVD N**
 CITY-ST-ZIP: **NAPLES FL**

TITLE: **TD** Change Addition
 NAME: **TOMMY THOMPSON**
 STREET ADDRESS: **4401 GULF SHORE BLVD. N.**
 CITY-ST-ZIP: **NAPLES, FL. 34103**

TITLE: ~~D~~ Delete
 NAME: ~~KHOSROW, MOAVENI~~
 STREET ADDRESS: **4351 GULF SHORE BLVD N**
 CITY-ST-ZIP: **NAPLES FL**

TITLE: **VPD** Change Addition
 NAME: **CHRISTOPHER STEFFEN**
 STREET ADDRESS: **4351 GULFSHORE BLVD. N.**
 CITY-ST-ZIP: **NAPLES, FL. 34103**

TITLE: **D** Delete
 NAME: ~~LEAUFF, BILL~~
 STREET ADDRESS: **4251 GULF SHORE BLVD N**
 CITY-ST-ZIP: **NAPLES FL 34103**

TITLE: **SD** Change Addition
 NAME: **ROBERT NASH**
 STREET ADDRESS: **4251 GULFSHORE BLVD. N.**
 CITY-ST-ZIP: **NAPLES, FL. 34103**

TITLE: Delete
 NAME: **D**
 STREET ADDRESS: **D**
 CITY-ST-ZIP: **D**

TITLE: Change Addition
 NAME: **D**
 STREET ADDRESS: **D**
 CITY-ST-ZIP: **D**

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:

Thomas P. Thompson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)