

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 29, 2002 8:00 am  
Secretary of State

04-29-2002 90134 003 \*\*\*\*61.25

DOCUMENT # 744378

1. Entity Name

ACCESS COMMONS "C" ASSOCIATION, INC.

Principal Place of Business

4301 GULF SHORE BLVD. N.  
NAPLES FL 34103  
US

Mailing Address

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

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

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES STEWART  
4401 GOLF SHORE BLVD. N.  
~~4401~~  
NAPLES FL 34103

Name

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

#106

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

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 ALEXANDER, JAMES  
STREET ADDRESS 4301 GULF SHORE BLVD. NORTH  
CITY-ST-ZIP NAPLES FL 34103

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

TITLE D ☐ Delete  
NAME BAUER, JEFF  
STREET ADDRESS 4255 GULF SHORE BLVD N  
CITY-ST-ZIP NAPLES FL 34103

TITLE D ☒ Change ☐ Addition  
NAME GUS C. NICK  
STREET ADDRESS 4255 GULF SHORE BLVD. N.  
CITY-ST-ZIP NAPLES, FL. 34103

TITLE ~~TD~~ ☐ Delete  
NAME THOMPSON, TOMMY  
STREET ADDRESS 4401 GULF SHORE BLVD N  
CITY-ST-ZIP NAPLES FL 34103

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

TITLE ~~VPD~~ ☐ Delete  
NAME STEFFEN, CHRISTOPHER  
STREET ADDRESS 4351 GULF SHORE BLVD N  
CITY-ST-ZIP NAPLES FL 34103

TITLE VD ☒ Change ☐ Addition  
NAME JOHN J. CUMMINS  
STREET ADDRESS 4351 GULF SHORE BLVD N.  
CITY-ST-ZIP NAPLES, FL. 34103

TITLE ~~DS~~ ☐ Delete  
NAME NASH, ROBERT  
STREET ADDRESS 4251 GULF SHORE BLVD N  
CITY-ST-ZIP NAPLES FL 34103

TITLE SD ☒ Change ☐ Addition  
NAME ARMAN MEGREGIAN  
STREET ADDRESS 4251 GULF SHORE BLVD. N.  
CITY-ST-ZIP NAPLES, FL. 34103

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

Date

239-263-2624

Daytime Phone #

CR2E037 (9/01)