


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90056 005 \*\*\*\*61.25

<b>DOCUMENT # 744378</b>	
1. Entity 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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**DO NOT WRITE IN THIS SPACE**

40008996



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  JAMES STEWART 4401 GOLFSHORE BLVD. N. #106 NAPLES, FL 34103
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CLARKE, JACK 4301 GULFSHORE BLVD N #504 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FEIGHT, DAVE 4255 GULF SHORE BLVD N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP THOMPSON, TOMMY 4401 GULF SHORE BLVD N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CUMMINS, JOHN J 4351 GULF SHORE BLVD N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MEGREGIAN, ARMEN 4251 GULF SHORE BLVD N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 another, like empowered.

<b>SIGNATURE:</b> 	1/25/05	JAMES P. STEWART
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>