


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90028 040 ****61.25

DOCUMENT # 744378

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**

40030000



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01252006 Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JAMES STEWART
 4401 GOLF SHORE BLVD. N.
 #106
 NAPLES, FL 34103**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	F	<input type="checkbox"/> Delete
NAME	CLARKE, JACK	
STREET ADDRESS	4301 GULF SHORE BLVD N #504	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	FEIGHT, DAVE	
STREET ADDRESS	4255 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	VP	<input type="checkbox"/> Delete
NAME	THOMPSON, TOMMY	
STREET ADDRESS	4401 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GUMMINS, JOHN J.	
STREET ADDRESS	4351 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	P	<input type="checkbox"/> Delete
NAME	MEGREGIAN, ARMEN	
STREET ADDRESS	4251 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKE BROWN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAI GUENTHER	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *James P. Stewart*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-2006 239-263-2674
 Date Daytime Phone #