

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90005 015 \*\*\*\*61.25

<b>DOCUMENT # 744378</b>					
<b>1. Entity Name</b> ACCESS COMMONS "C" ASSOCIATION, INC.					
<b>Principal Place of Business</b> 4299 GULF SHORE BLVD. N. NAPLES, FL 34103 US			<b>Mailing Address</b> 4351 4401 GULF SHORE BLVD N C/O JAMES P. STEWART STEVE SCHARPGER NAPLES, FL 34103 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> % Business Solutions of Naples Inc 800 Seagate Dr, Ste 202			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03152007 Chg-NP CR2E037 (12/06)	
City & State		City & State Naples FL		<b>4. FEI Number</b> NOT APPLICABLE	
Zip		Zip		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country		Country		34103-2809 USA	
<b>6. Name and Address of Current Registered Agent</b> JAMES STEWART STEVE SCHARPGER 4401 GULF SHORE BLVD. N. 4351 GULF SHORE BLVD N. #106 NAPLES, FL 34103			<b>7. Name and Address of New Registered Agent</b> Name STEVE SCHARPGER Street Address (P.O. Box Number is Not Acceptable) 4351 GULF SHORE BLVD. N. City NAPLES FL Zip Code 34103		
<b>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.</b>					
SIGNATURE  STEVE SCHARPGER 3/23/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> VP	<b>NAME</b> CLARKE, JACK <input type="checkbox"/> Delete		<b>TITLE</b> PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 4301 GULF SHORE BLVD N #504	<b>CITY-ST-ZIP</b> NAPLES, FL 34103		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> D	<b>NAME</b> FEIGHT, DAVE <input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 4255 GULF SHORE BLVD N	<b>CITY-ST-ZIP</b> NAPLES, FL 34103		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> T	<b>NAME</b> THOMPSON, TOMMY <input type="checkbox"/> Delete		<b>TITLE</b> VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 4401 GULF SHORE BLVD N	<b>CITY-ST-ZIP</b> NAPLES, FL 34103		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> P	<b>NAME</b> BROWN, MIKE <input checked="" type="checkbox"/> Delete		<b>TITLE</b> D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 4351 GULF SHORE BLVD N	<b>CITY-ST-ZIP</b> NAPLES, FL 34103		<b>STREET ADDRESS</b> 4351 GULF SHORE BLVD N.	<b>CITY-ST-ZIP</b> NAPLES, FL 34103	
<b>TITLE</b> D	<b>NAME</b> GUENTHER, HAL <input type="checkbox"/> Delete		<b>TITLE</b> TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 4251 GULF SHORE BLVD N	<b>CITY-ST-ZIP</b> NAPLES, FL 34103		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>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.</b>					
<b>SIGNATURE:</b> 3/26/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					