

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90030 042 ****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
**C/OBUSINESS SOLUTIONS OF NAPLES INC
800 SEAGATE DR STE 202
NAPLES, FL 34103 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

02042008 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**SHARPEGER, STEVE
7351 GULF SHORE BLVD N
NAPLES, FL 34103**

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/29/07

**Filing Fee is \$61.25
Due by May 1, 2008**

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 | P | <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 | D | <input type="checkbox"/> Delete |
| NAME | REILING, WILLIAM | |
| STREET ADDRESS | 4351 GULF SHORE BLVD N | |
| CITY-ST-ZIP | NAPLES, FL 34103 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GUENTHER, HAL | |
| 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 | <input 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input 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 | |

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/08 - 239-435-1437

Date

Daytime Phone #