

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744378

FILED
Feb 24, 2009
Secretary of State

Entity Name: ACCESS COMMONS "C" ASSOCIATION, INC.

Current Principal Place of Business:

4299 GULF SHORE BLVD. N.
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

C/OBUSINESS SOLUTIONS OF NAPLES INC
800 SEAGATE DR STE 202
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 65-0346804 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLARKE, JACK
Address: 4301 GULF SHORE BLVD N #504
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: FEIGHT, DAVE
Address: 4255 GULF SHORE BLVD N
City-St-Zip: NAPLES, FL 34103

Title: VP () Delete
Name: THOMPSON, TOMMY
Address: 4401 GULF SHORE BLVD N
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: REILING, WILLIAM
Address: 4351 GULF SHORE BLVD N
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: GUENTHER, HAL
Address: 4251 GULF SHORE BLVD N
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CLARKE, JACK
Address: 4301 GULF SHORE BLVD N #504
City-St-Zip: NAPLES, FL 34103

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BORGSTROM, ROBERT
Address: 4401 GULF SHORE BLVD N
City-St-Zip: NAPLES, FL 34103

Title: T (X) Change () Addition
Name: REILING, WILLIAM
Address: 4351 GULF SHORE BLVD N
City-St-Zip: NAPLES, FL 34103

Title: P (X) Change () Addition
Name: GUENTHER, HAL
Address: 4251 GULF SHORE BLVD N
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATTY L WILLIAMS, ACCOUNTING

ACCT

02/24/2009

Electronic Signature of Signing Officer or Director

Date