2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757727

FILED Mar 04, 2009 Secretary of State

Entity Name: COMMERCIAL SQUARE PHASE I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

39 MILDRED DRIVE SUITE 3 FT MYERS, FL 33901

Current Mailing Address: New Mailing Address:

39 MILDRED DRIVE SUITE 3 FT MYERS, FL 33901

FEI Number: 59-2077932 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COURTER, LOIS M
39 MILDRED DRIVE
39 MILDRED DRIVE
SUITE 3
ET MYERS EL 118

COURTER, LOIS M
39 MILDRED DRIVE
SUITE 3
ET MYERS EL 23001

FT MYERS, FL US FT MYERS, FL 33901 US

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: 03/04/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 THORNBER, MARC
 Name:
 THORNBER, MARC

 Address:
 1226 HEMINGWAY DR.
 Address:
 1226 HEMINGWAY DR.

 City-St-Zip:
 FT. MYERS, FL
 City-St-Zip:
 FT. MYERS, FL
 33912 US

Title: VPD () Delete Title: VPD (X) Change () Addition Name: THORNBER, JOYCE Name: THORNBER, JOYCE Address: 1226 HEMINGWAY DR. THORNBER DR. 1226 HEMINGWAY DR.

Address: 1226 HEMINGWAY DR. Address: 1226 HEMINGWAY DR. City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: FORT MYERS, FL 33912 US

Title: STD () Delete Title: STD (X) Change () Addition

Name: COURTER, LOIS, Name: COURTER, LOIS,
Address: 39 MIL DRED DRIVE SHITE 3

 Address:
 39 MILDRED DRIVE, SUITE 3
 Address:
 39 MILDRED DRIVE, SUITE 3

 City-St-Zip:
 FT. MYERS, FL
 City-St-Zip:
 FT. MYERS, FL
 33901 US

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: LOIS M. COURTER STD 03/04/2009