2/15/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State
02-15-2001 90078 031 ****61.25

DOCUMENT # N00000000106

1. Entity Name

RADIO ROAD COMMERCIAL PARK CONDOMINIUM ASSOCIATI

Principal Place of Business	Mailing Address
801 LAUREL OAK DR.. SUITE 710 NAPLES FL 34108	801 LAUREL OAK DR.. SUITE 710 NAPLES FL 34108

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3681859 ☐ 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
WOODWARD, MARK J 801 LAUREL OAK DR., SUITE 710 NAPLES FL 34108	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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD OLSON, CLIFFORD A 1070 GOODLETTE ROAD NORTH NAPLES FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition P.O. Box 10608, 1140 Goodlette Rd. N. Naples FL 34101
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PRICE, TAMMY 1070 GOODLETTE ROAD NORTH NAPLES FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition P.O. Box 10608, 1140 Goodlette Rd. N. Naples FL 34101
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOODWARD, MARK J 801 LAUREL OAK DR., SUITE 710 NAPLES FL 34108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED 2-5-01 9412612631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #