2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 09, 2007 8:00 am Secretary of State

DOCUMENT # N0000000106 1. Entity Name RADIO ROAD COMMERCIAL PARK CONDOMINIUM ASSOCIATION, INC.						&	05	5-09-2007 9	•	40 ****61.	25	
4776 RADIO RD. CONTROL			Mailing Address C/O COLONIAL SQUARE REALTY PO BOX 10608 NAPLES, FL 34101									
2. Principal P	Place of Business - No P.O. Box #	3. Ma	B. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				0327200	7 0	Chg-NP	CR2E	037 (12/06)	
City & State		C	City & State				4. FEI Number 59-3681859					oplied For ot Applicable
Zip	Country	Zi	р	Cou	ntry		5. Certifica	ite of S	Status Desired		\$8.75 Add	
	6. Name and Address of Currer	nt Register	ed Agent				7. Name a	nd Ad	dress of New R	egistered	Agent	
WOODWARD, MARK J					Name							
	IAMI TRAIL NORTH				Street A	ddress (P.O. Box Nun	nber is	Not Acceptable	=)		
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					City				* ** · · · **	FI	L Zip Cod	e
	named entity submits this statement tions of registered agent.	for the purp	case of changing its r	egistere	ed office o	r register	ed agent, or	both, ir	n the State of Fig	orida. I an	n familiar with,	and accept
												
SICNATURE												
SIGNATURE												
Old Willer		ent and title if ap	plicable. (NOTE:	Registered	d Agent signat	ure required	when reinstating)			DATE		
0,0,4,10,12		ent and title if ap				ure required	I when reinstating)					
ord with the		ent and title if ap	g. Election Camp Trust Fund Co	paign F	inancing	ure required	\$5.00 Mar Added to Fe	 y Be		lake che	ck payable t	
10.	Signature, typed or printed name of registered age Filling Fee Is \$61.25		9. Election Camp Trust Fund Co	paign F	inancing		\$5.00 Ma Added to Fe	y Be es	Flor	lake chec Ida Depa	artment of S	tate
	Signature, typed or printed name of registered age Filling Fee Is \$61.25 Due by May 1, 2007		9. Election Camp Trust Fund Co	paign F ontributi	inancing ion.		\$5.00 Ma Added to Fe	y Be es CHAN(Flor GES TO OFFICE	lake chec Ida Depa	artment of S	tate
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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.

CITY-ST-ZIP

SIGNATURE:

CFTY-ST-ZIP

Panela Wesser Homers Wassen Sec

4/27/07

Daytime Phone #