

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-09-2007 90105 040 ****61.25

DOCUMENT # N00000000106 1. Entity Name RADIO ROAD COMMERCIAL PARK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4776 RADIO RD. NAPLES, FL 34104			Mailing Address C/O COLONIAL SQUARE REALTY PO BOX 10608 NAPLES, FL 34101		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			4. FEI Number 59-3681859		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			Applied For Not Applicable		
6. Name and Address of Current Registered Agent WOODWARD, MARK J 3200 TAMiami TRAIL NORTH NAPLES, FL 34103			7. Name and Address of New Registered Agent 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee Is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, KIM 4776 RADIO RD, #807 NAPLES, FL 34104	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD McDonald, Robert 1920 Sandpiper Street Naples FL 34102	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WESSON, PAM 4776 RADIO RD #703 NAPLES, FL 34104	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PLOSKE, LARRY 4776 RADIO RD, #804 NAPLES, FL 34104	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
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: <u>Pamela Wesson Pamela Wesson Sec.</u>			Date <u>4/27/07</u> Daytime Phone #		