2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006716

FILED Apr 29, 2010 Secretary of State

Entity Name: VETERANS PARK COMMONS COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O INTEGRATED PROPERTY MGMT, INC 3435 10TH ST N #201

NAPLES, FL 34103

Current Mailing Address:

C/O INTEGRATED PROPERTY MGMT, INC 3435 10TH ST N # 201 NAPLES, FL 34103

FEI Number: 59-3625281

1-3625281 FEI Number Applied For ()

Name and Address of Current Registered Agent:

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of New Registered Agent:

New Principal Place of Business:

C/O COMPASS GROUP

3701 N TAMIAMI TRAIL

New Mailing Address:

C/O COMPASS GROUP

3701 N TAMIAMI TRAIL

NAPLES, FL 34103

NAPLES, FL 34103

BECKER & POLIAKOFF, P.A. 999 VANDERBILT BEACH ROAD, #501 NAPLES, FL 34108 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: I

Name: MONTECALVO, RAY
Address: 1865 VETERANS PARK
City-St-Zip: NAPLES, FL 34109

Title: VF

Name: DISNEY, DALAS
Address: 1865 VETERANS PARK
City-St-Zip: NAPLES, FL 34109

Title: S/T

Name: ADAMS, MICHAEL
Address: 1855 VETERANS PARK
City-St-Zip: NAPLES, FL 34109

Title: D

Name: RESNIK, RANDOLPH Address: 1865 VETERANS PARK City-St-Zip: NAPLES, FL 34109

Title:

Name: MARQUINA, CANDICE Address: 1865 VETERANS PARK City-St-Zip: NAPLES, FL 34109

I hereby 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 all other like empowered.

SIGNATURE: COMPASS GROUP MGR 04/29/2010