2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# N01000001130

Entity Name: RADIO SQUARE COMMERCIAL CONDMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

ANCHOR ASSOCIATES, INC
3940 RADIO RD, STE 111
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

ANCHOR ASSOCIATES, INC
3940 RADIO RD, STE 111
NAPLES, FL 34104

New Mailing Address:

FEI Number: 52-2314785 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HINGSTON, SHIRLEY
ANCHOR ASSOCIATES, INC
3940 RADIO RD, STE 111
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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:	D	( ) Delete
Name:	HINGSTON, SHIRLEY	
Address:	3940 RADIO RD #111	
City-St-Zip:	NAPLES, FL 34104	
Title:	DP	( ) Delete
Name:	SCHOLTEN, THOMAS	
Address:	3940 RADIO RD, STE 112	
City-St-Zip:	NAPLES, FL 34104	
Title:	DV	( ) Delete
Name:	AVERY, WILLIAM F	
Address:	2200 KINGFISH RD	
City-St-Zip:	NAPLES, FL 34102	
Title:	DT	( ) Delete
Name:	LAVINSKI, JAMES E	
Address:	3940 RADIO RD, STE 111	
City-St-Zip:	NAPLES, FL 34104	
Title:	DS	( ) Delete
Name:	SCHOLTEN, REGINA	
Address:	3940 RADIO RD 112	
City-St-Zip:	NAPLES, FL 34104	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: JAMES LAVINSKI DT 02/27/2009
Electronic Signature of Signing Officer or Director — Date