

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2004  
Secretary of State**

DOCUMENT# N03000003670

Entity Name: ALICO COMMERCIAL PARK MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

9130 CORSEA DEL FONTANA WAY  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

9130 CORSEA DEL FONTANA WAY  
NAPLES, FL 34109

**New Mailing Address:**

FEI Number: 20-0114039

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

D'JAMOOS, JOSEPH E  
9130 CORSEA DEL FONTANA WAY  
NAPLES, FL 34109

**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: DP ( ) Delete  
Name: D'JAMOOS, JOSEPH E  
Address: 9130 CORSEA DEL FONTANA WAY  
City-St-Zip: NAPLES, FL 34109

Title: DVS ( ) Delete  
Name: D'JAMOOS, ELIZABETH A  
Address: 9130 CORSEA DEL FONTANA WAY  
City-St-Zip: NAPLES, FL 34109

Title: DT ( ) Delete  
Name: D'JAMOOS, ANDREW  
Address: 9130 CORSEA DEL FONTANA WAY  
City-St-Zip: NAPLES, FL 34109

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSEPH E D'JAMOOS

DP

04/28/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date