


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90215 048 ****61.25

DOCUMENT # N03000003670

1. Entity Name
ALICO COMMERCIAL PARK MASTER ASSOCIATION, INC.



Principal Place of Business 9130 CORSEA DEL FONTANA WAY NAPLES, FL 34109	Mailing Address 9130 CORSEA DEL FONTANA WAY NAPLES, FL 34109
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DO NOT WRITE IN THIS SPACE



05012006 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0114039	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

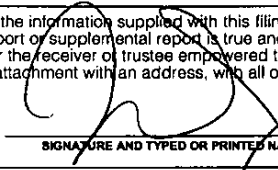
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP D'JAMOOS, JOSEPH E 9130 CORSEA DEL FONTANA WAY NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS D'JAMOOS, ELIZABETH A 9130 CORSEA DEL FONTANA WAY NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT D'JAMOOS, JENNIFER 9130 CORSEA DEL FONTANA WAY NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5/1/06** Daytime Phone # _____