

**2006 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

06 SEP 14 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N0500006293			
1. Entity Name COMMERCE AND GRAN PARKWAY CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 3130 SE GRAN PARKWAY STUART, FL 34997		Mailing Address 3130 SE GRAN PARKWAY STUART, FL 34997	
2. Principal Place of Business 4440 SE Commerce		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State STUART FLORIDA		City & State	
Zip 34497	Country MARTIN	Zip	Country
4. FEI Number 65-1115433		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HELLRIEGEL, PHILIP L 3130 SE GRAN PKWY STUART, FL 34997		7. Name and Address of New Registered Agent Name: SAME 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PD NAME HELLREIGEL, PHILIP STREET ADDRESS 3130 SE GRAN PARKWAY CITY-ST-ZIP STUART, FL 34997	<input checked="" type="checkbox"/> Delete	TITLE PD NAME JENNIFER GRALAK STREET ADDRESS 4440 SE GRAN COMMERCE AVE CITY-ST-ZIP STUART FL 34997	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME LANG, WILLIAM A STREET ADDRESS 3130 SE GRAN PARKWAY CITY-ST-ZIP STUART, FL 34997	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME LANG, ELIZABETH A STREET ADDRESS 3130 SE GRAN PARKWAY CITY-ST-ZIP STUART, FL 34997	<input checked="" type="checkbox"/> Delete	TITLE STD NAME ROSE FLAVIN STREET ADDRESS 4440 SE COMMERCE AVE CITY-ST-ZIP STUART FL 34497	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 319, 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 an officer like empowered.			
SIGNATURE: 		Date: 9-11-06 Daytime Phone #: 772-419-0280	