

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000009991

**FILED  
Mar 17, 2008  
Secretary of State****Entity Name:** COOPER STREET COMMERCE PARK CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3500 MONDOVI COURT, 722  
PUNTA GORDA, FL 33950**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 511715  
PUNTA GORDA, FL 339511715**New Mailing Address:**C/O JACK O. HACKETT II  
99 NESBIT STREET  
PUNTA GORDA, FL 33950**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**GARLICK, THOMAS B ESQ  
5551 RIDGEWOOD DRIVE, SUITE 101  
NAPLES, FL 34108 US**Name and Address of New Registered Agent:**HACKETT II, JACK O ESQ  
FARR LAW FIRM  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 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: JACK O. HACKETT II

03/17/2008

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Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: DP ( ) Delete  
Name: SHAVE, TIMOTHY L  
Address: 2995 41ST STREET, NW  
City-St-Zip: NAPLES, FL 34116Title: DVT ( ) Delete  
Name: VIGLIOTTI, ROBERT  
Address: P.O. BOX 111236  
City-St-Zip: NAPLES, FL 34108Title: DS ( ) Delete  
Name: HOWELL, BRIAN  
Address: 2960A IMMOKALEE ROAD  
City-St-Zip: NAPLES, FL 34110**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: DP (X) Change ( ) Addition  
Name: SHAVE, TIMOTHY L  
Address: P.O. BOX 511715  
City-St-Zip: PUNTA GORDA, FL 339511715Title: ( ) 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: TIMOTHY L. SHAVE

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03/17/2008

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Electronic Signature of Signing Officer or Director

Date