

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006716

**Entity Name:** VETERANS PARK COMMONS COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 08, 2024**  
**Secretary of State**  
**9179463022CC**

**Current Principal Place of Business:**

C/O RE 1 ADVISOR, LLC  
1164 GOODLETTE RD.  
NAPLES, FL 34102

**Current Mailing Address:**

C/O RE 1 ADVISOR, LLC  
1164 GOODLETTE RD.  
NAPLES, FL 34102 US

**FEI Number: 59-3625281**

**Certificate of Status Desired: No**

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

RE 1 ADVISOR, LLC  
1164 GOODLETTE RD  
NAPLES, FL 34102 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: CATHERINE FAERBER**

**04/08/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ST  
Name MONTECALVO, RAY  
Address 1855 VETERANS PARK DRIVE  
SUITE 103  
City-State-Zip: NAPLES FL 34109

Title P  
Name WOODWARD, MONICA  
Address 1865 VETERANS PARK DRIVE  
SUITE 301  
City-State-Zip: NAPLES FL 34109

Title VP  
Name MARQUINA, CANDICE  
Address 1855 VETERANS PARK DRIVE  
STE 302  
City-State-Zip: NAPLES FL 34109

Title D  
Name FLETCHER, JOHN  
Address 1845 VETERANS PARK DRIVE  
City-State-Zip: NAPLES FL 34109

Title D  
Name FINN, LORI DR.  
Address 1855 VETERANS PARK DRIVE  
STE 303  
City-State-Zip: NAPLES FL 34109

*I hereby 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 all other like empowered.*

**SIGNATURE: MONICA WOODWARD**

**PRESIDENT**

**04/08/2024**

Electronic Signature of Signing Officer/Director Detail

Date