
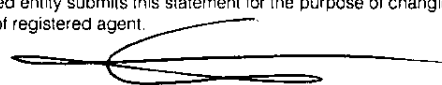
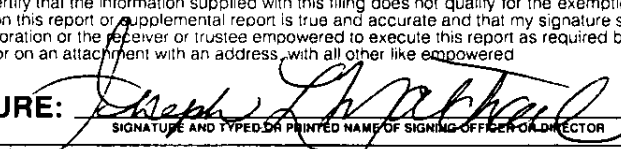


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2008 8:00 am
Secretary of State

07-30-2008 90029 016 ****61.25

DOCUMENT # 717417 1. Entity Name COMMONS "S" ASSOCIATION, INC.					
Principal Place of Business C/O INTEGRATED PROPERTY MANAGEMENT 3435 10TH STREET NORTH #201 NAPLES, FL 33940			Mailing Address C/O INTEGRATED PROPERTY MANAGEMENT 3435 10TH STREET NORTH #201 NAPLES, FL 33940		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2010169	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KRAUSE, WILLIAM MONGOLO & KRAUSE, LLP 1250 TAMiami TR. N. 211 NAPLES, FL 34102				7. Name and Address of New Registered Agent Name Naples-Lawdock, Inc. Street Address (P.O. Box Number is Not Acceptable) 1395 Panther Lane, Suite 300 City Naples FL Zip Code 34109	
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 4/24/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUTHERLAND, EWING		NAME		
STREET ADDRESS	GULFSIDE 4005 GULF SHORE BLVD N # 304		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34103		CITY - ST - ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EWING, RON		NAME		
STREET ADDRESS	4051 GULF SHORE BLVD. N.		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34103		CITY - ST - ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATCHEAL, JOE		NAME		
STREET ADDRESS	4021 GULF SHORE BLVD. N.		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL		CITY - ST - ZIP		
TITLE	DTS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUTNIK, JOSEPH		NAME		
STREET ADDRESS	C/O ALLEGRO, 4031 GULF SHORE BLVD N 70		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34103		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	D Eby, Bruce	
STREET ADDRESS			STREET ADDRESS	4005 Gulf Shore Blvd. N., #503	
CITY - ST - ZIP			CITY - ST - ZIP	Naples, Florida 34103	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	