

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717417

FILED
Jan 29, 2009
Secretary of State

Entity Name: COMMONS "S" ASSOCIATION, INC.

Current Principal Place of Business:

C/O INTEGRATED PROPERTY MANAGEMENT
3435 10TH STREET NORTH #201
NAPLES, FL 33940

New Principal Place of Business:

Current Mailing Address:

C/O INTEGRATED PROPERTY MANAGEMENT
3435 10TH STREET NORTH #201
NAPLES, FL 33940

New Mailing Address:

FEI Number: 59-2010169 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAPLES-LAWDOCK, INC
1395 PANTHER LANE, SUITE 300
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SUTHERLAND, EWING
Address: GULFSIDE 4005 GULF SHORE BLVD N # 304
City-St-Zip: NAPLES, FL 34103

Title: VD () Delete
Name: EWING, RON
Address: 4051 GULF SHORE BLVD. N.
City-St-Zip: NAPLES, FL 34103

Title: PD () Delete
Name: MATCHEAL, JOE
Address: 4021 GULF SHORE BLVD. N.
City-St-Zip: NAPLES, FL

Title: DTS () Delete
Name: HUTNIK, JOSEPH
Address: C/O ALLEGRO, 4031 GULF SHORE BLVD N 70
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: EBY, BRUCE
Address: 4005 GULF SHORE BLVD N., #503
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: EWING, RON
Address: 4051 GULF SHORE BLVD. N.
City-St-Zip: NAPLES, FL 34103

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () 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: JOE MATCHEAL

PD

01/29/2009

Electronic Signature of Signing Officer or Director

_____ Date