2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2005 8:00 am Secretary of State

DOCUMENT # 717420 1. Entity Name ACCESS COMMONS "B" ASSOCIATION, INC.								04-13-2005	5 90043 ()22 ****6	1.25
C/O INTEGRATED PROP MGMT. C/O II 3435 10 ST N #201 3435			Address NTEGRATED PROP 10 TH ST N #20 ES, FL 33940		· · · · · · · · · · · · · · · · · · ·					1811 81811 81811 817	
2. Principal P	Place of Business	3. Maili	ing Address								
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.				03252005	Chg-NP	CR2EC	37 (10/03)	
City & Stat	le	City	y & State				4. FEI Number 59-1803				oplied For of Applicable
Zip	Country	Zip		Сол	ıntry		5. Certificate of	f Status Desired		\$8.75 Add	ditional d
	6. Name and Address of Current	Registere	d Agent				7. Name and	Address of New	Registered	Agent	
1/24/105					Name			-	•		
KRAUSE, WILLIAM C/O MONGILLO & KRAUSE LLP 1250 TAMIAMI TRAIL NORTH #211			Street Address			ddress (f	O. Box Numbe	is Not Accepta	ble)	-	
NAPLES, I					1						
					City		• • • • • • • • • • • • • • • • • • • •			Zip Cod	e
					City				FI	L 2.5000	_
	e named entity submits this statement fo tions of registered agent.	or the purpo	ose of changing its	register	<u> </u>	r registere	ed agent, or both	, in the State of		<u> </u>	
	tions of registered agent.				ed office or			i, in the State of	Florida. I am	<u> </u>	
the obligat	tions of registered agent.				ed office or		ed agent, or both	, in the State of		<u> </u>	
the obligat	tions of registered agent.			e: Registere	ed office or				Plorida. I am DATE Make check	<u> </u>	and accept
the obligat	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DII	and title if appl	icatile. (NOTE	e: Registere	ed office or	ure required	when reinstating)	ř ří	Plorida. I am DATE Make checorida Depa	h familiar with, ck payable t	and accept
SIGNATURE . 10. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIE PD EWING, RON 4051 GULF SHORE BLVD N.	and title if appl	icatile. (NOTE	npaign F Contribut	ed office or ad Agent signaturing innancing ion. E E E E E E E E E E E E E	ure required	when reinstating) \$5.00 May Be Added to Fees	ř ří	Plorida. I am DATE Make checorida Depa	h familiar with, ck payable t	and accept
the obligate SIGNATURE 10. IIILE NAME	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIE PD EWING, RON 4051 GULF SHORE BLVD N. NAPLES, FL	and title if appl	9. Election Can Trust Fund C	npaign F Contribut	ed office or	ure required	when reinstating) \$5.00 May Be Added to Fees	ř ří	Plorida. I am DATE Make checorida Depa	n familiar with, ck payable turtment of S DIRECTORS IN	and accept
the obligate SIGNATURE . 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIE PD EWING, RON 4051 GULF SHORE BLVD N. NAPLES, FL	and title if appl	9. Election Can Trust Fund C	E: Registere Inpaign F Contribut 11. TITU NAM STRE CITY TITU	ed office or ad Agent signaturing inancing ion. E E E E E E E T T T T T E E	ure required A	when reinstating) \$5.00 May Be Added to Fees DDITIONS/CHA	FI NGES TO OFFIC	Plorida. I am DATE Make checorida Depa	n familiar with, ck payable turtment of S DIRECTORS IN	and accept
the obligate SIGNATURE . 10. IITLE NAME STREET ADDRESS CITY - ST - ZIP IITLE NAME	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DII PD EWING, RON 4051 GULF SHORE BLVD N. NAPLES, FL D TOM TERIHAY	and title if appl	9. Election Can Trust Fund C	PE: Registere Inpaign F Contribut 11. TITLI NAM STRE CITY TITLI NAM	ed office or ad Agent signaturinancing ion. E E E E E E E E E E E E E	A ST VA	shen reinstating) \$5.00 May Be Added to Fees DDITIONS/CHA	NGES TO OFFIC	OATE Make checorida Depa	ck payable turtment of S	and accept o tate 1 10 Addition
the obligate SIGNATURE . 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIE PD EWING, RON 4051 GULF SHORE BLVD N. NAPLES, FL	and title if appl	9. Election Can Trust Fund C	PE: Registere Inpaign F Contribut 11. TITLI NAM STRE CITY TITLI NAM STRE	ed office or ad Agent signaturing inancing ion. E E E E E E E T T T T T E E	ST VA	when reinstating) \$5.00 May Be Added to Fees DDITIONS/CHA	RENDA	OATE Make checorida Depa	ck payable turtment of S	and accept o tate 1 10 Addition
THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE NAME THE STREET ADDRESS	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DII PD EWING, RON 4051 GULF SHORE BLVD N. NAPLES, FL D TOM TERIHAY 4200 GULF SHORES BLVD., N NAPLES, FL STD	and title if appl	9. Election Can Trust Fund C	E: Registere Inpaign F Contribut 11. TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI	ed office or ad Agent signature inancing ion. E E E E E E E E E E E E E	ST VA	\$5.00 May Be Added to Fees DDITIONS/CHA	RENDA	OATE Make checorida Depa	ck payable turtment of S	and accept o tate 1 10 Addition
THE OBLIGATION TO THE STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME TITLE NAME TITLE NAME	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DII PD EWING, RON 4051 GULF SHORE BLVD N. NAPLES, FL D TOM TERIHAY 4200 GULF SHORES BLVD., N NAPLES, FL STD COLEMAN, PAGE	and title if appli	9. Election Can Trust Fund C	E: Registere Inpaign F Contribut 11. IIILI NAM STRE CITY	ed office or ad Agent signature innancing ion. E E E E E E E E E E E E E	ST VA 410 NA	when reinstating) \$5.00 May Be Added to Fees DDITIONS/CHA DOUSKY, DUDITIONSKY, DUDITIONS	RENDA IORE BLVD 4103	DATE Make checorida Depa	ck payable turtment of S Change	and accept o tate 1 10 Addition
THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE NAME THE STREET ADDRESS	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DII PD EWING, RON 4051 GULF SHORE BLVD N. NAPLES, FL D TOM TERIHAY 4200 GULF SHORES BLVD., N NAPLES, FL STD	and title if appli	9. Election Can Trust Fund C	E: Registere Inpaign F Contribut 11. TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE	ed office or ad Agent signature inancing ion. E E E E E E E E E E E E E	ST VA 410 NA	when reinstating) \$5.00 May Be Added to Fees DDITIONS/CHA DOUSKY, DUDITIONSKY, DU	RENDA IORE BLVD 4103	DATE Make checorida Depa	ck payable turtment of S Change	and accept o tate 1 10 Addition
THE OBLIGATION THE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DII PD EWING, RON 4051 GULF SHORE BLVD N. NAPLES, FL D TOM TERIHAY 4200 GULF SHORES BLVD., N NAPLES, FL STD COLEMAN, PAGE 4041 GULF SHORE BLVD. NOR NAPLES, FL	and title if appli	9. Election Can Trust Fund C	E: Registere Inpaign F Contribut 11. TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE	ed office or d Agent signature inancing ion. E E E E E E E E E E E E E	ST VA 410 NA	when reinstating) \$5.00 May Be Added to Fees DDITIONS/CHA DOUSKY, DUDITIONSKY, DUDITIONS	RENDA IORE BLVD 4103	DATE Make checorida Depa	ck payable turtment of S Change	and accept o tate 1 10 Addition
THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DII PD EWING, RON 4051 GULF SHORE BLVD N. NAPLES, FL D TOM TERIHAY 4200 GULF SHORES BLVD., N NAPLES, FL STD COLEMAN, PAGE 4041 GULF SHORE BLVD. NOR NAPLES, FL VD JUDSON, LEVE	and title if appli	9. Election Can Trust Fund C	E: Registere Inpaign F Contribut 11. IIILI NAM STRE CITY IIILI NAM	ed office or Id Agent signature Financing	ST VA 410 NA	when reinstating) \$5.00 May Be Added to Fees DDITIONS/CHA DOUSKY, DUDITIONSKY, DU	RENDA IORE BLVD 4103	DATE Make checorida Depa	ck payable turtment of s	o tate 1 10 Addition
THE OBLIGATION TO THE STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DII PD EWING, RON 4051 GULF SHORE BLVD N. NAPLES, FL D TOM TERIHAY 4200 GULF SHORES BLVD., N NAPLES, FL STD COLEMAN, PAGE 4041 GULF SHORE BLVD. NOR NAPLES, FL VD JUDSON, LEVE 4051 GULF SHORE BLVD. N.	and title if appli	9. Election Can Trust Fund C	E: Registere Inpaign F Contribut 11. IIILI NAM STRE CITY TITLI NAM STRE CITY TITLI E NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY	ed office or ad Agent signet. Financing ion. E E E E E E E E E E E E E	ST VA 410 NA	when reinstating) \$5.00 May Be Added to Fees DDITIONS/CHA DOUSKY, DUDITIONSKY, DU	RENDA IORE BLVD 4103	DATE Make checorida Depa	ck payable turtment of s	o tate 1 10 Addition
THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DII PD EWING, RON 4051 GULF SHORE BLVD N. NAPLES, FL D TOM TERIHAY 4200 GULF SHORES BLVD., N NAPLES, FL STD COLEMAN, PAGE 4041 GULF SHORE BLVD. NOR NAPLES, FL VD JUDSON, LEVE	and title if appli	9. Election Can Trust Fund C	E: Registere Inpaign F Contribut 11. IIILI NAM STRE CITY TITLI NAM STRE CITY TITLI E NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY	ed office or d Agent signature Financing Fina	ST VA 410 NA	when reinstating) \$5.00 May Be Added to Fees DDITIONS/CHA DOUSKY, DUDITIONSKY, DU	RENDA IORE BLVD 4103	DATE Make checorida Depa	ck payable turtment of s	o tate 1 10 Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 eath; 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

\sim	CI	 -	400	

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Date Daytime Phone #

☐ Change

☐ Addition