

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90130 010 \*\*\*\*61.25

**DOCUMENT # 717420**

1. Entity Name  
**ACCESS COMMONS "B" ASSOCIATION, INC.**



Principal Place of Business  
**C/O INTEGRATED PROP MGMT.  
3435 10 ST N #201  
NAPLES, FL 33940 US**

Mailing Address  
**C/O INTEGRATED PROP MGMT  
3435 10 TH ST N #201  
NAPLES, FL 33940 US**

40043001



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**C/O Business Solutions of Naples Inc**

**C/O Business Solutions of Naples Inc**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**800 Seagate Dr, Ste 202**

**800 Seagate Dr, Ste 202**

City & State

City & State

**Naples FL**

**Naples FL**

Zip

Country

Zip

Country

**34103-2809 USA**

**34103-2809 USA**

03152007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1803608**

Applied For  
Not Applicable

6. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRAUSE, WILLIAM Wynn, Arnold L.  
C/O MONGILLO & KRAUSE LLP  
1260 TAMiami TRAIL NORTH #211  
NAPLES, FL 34102**

**Wynn, Arnold L.  
Provence of Naples  
4151 Gulf Shore Blvd No Unit 306  
Naples, FL 34103**

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 **Arnold L. Wynn**

**3/27/07.**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD EWING, RON 4051 GULF SHORE BLVD N. NAPLES, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP VAOUSKY, DURENDA 4101 GULF SHORE BLVD, N NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST COLEMAN, PAGE 4041 GULF SHORE BLVD. NORTH NAPLES, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTZMANN, BILL PROVENCE MGMT OFFICE 4151 GULF SHORE BLVD NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. Hazelbaker, Ralph E. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4151 Gulf Shore Blvd No. Unit 306 Naples, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Eby, Bruce <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4041 Gulf Shore Blvd No. Unit 805 Naples, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Ralph E. Hazelbaker**

**3/27/07. 436-3881**

Daytime Phone #