

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717420

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: ACCESS COMMONS "B" ASSOCIATION, INC.

## Current Principal Place of Business:

C/O BUSINESS SOLUTIONS OF NAPLES INC  
800 SEAGATE DR, STE 202  
NAPLES, FL 341032809 US

## New Principal Place of Business:

## Current Mailing Address:

C/O BUSINESS SOLUTIONS OF NAPLES INC  
800 SEAGATE DR, STE 202  
NAPLES, FL 341032809 US

## New Mailing Address:

FEI Number: 59-1803608

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WYNN, ARNOLD L  
PROVENCE OF NAPLES  
4151 GULF SHORE BLVD NO #306  
NAPLES, FL 34103 US

## Name and Address of New Registered Agent:

WYNN, ARNOLD L  
PROVENCE OF NAPLES  
4151 GULF SHORE BLVD N  
NAPLES, FL 34103 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:

03/24/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

Title: DST ( ) Delete  
Name: HAZELBAKER, RALPH E  
Address: 4151 GULF SHORE BLVD NO UNIT 306  
City-St-Zip: NAPLES, FL 34103

Title: PD ( ) Delete  
Name: EBY, BRUCE  
Address: 4041 GULF SHORE BLVD NO UNIT 805  
City-St-Zip: NAPLES, FL 34103

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change ( ) Addition  
Name: EWING, RON  
Address: 4051 GULF SHORE BLVD N #705  
City-St-Zip: NAPLES, FL

Title: DST (X) Change ( ) Addition  
Name: HAZELBAKER, RALPH E  
Address: 4151 GULF SHORE BLVD N #PH4  
City-St-Zip: NAPLES, FL 34103

Title: PD (X) Change ( ) Addition  
Name: EBY, BRUCE  
Address: 4041 GULF SHORE BLVD N #805  
City-St-Zip: NAPLES, FL 34103

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: PATTY L WILLIAMS, ACCOUNTANT

ACCT

03/24/2009

Electronic Signature of Signing Officer or Director

Date