FILE NOW: FILING FEE IS $61.25

FILED
Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744379 (9)

1. Corporation Name

ACCESS COMMONS "D" ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 11209 NAPLES FL 33941-6209	P O BOX 11209 NAPLES FL 34101-1209

3. Date Incorporated or Qualified: 09/26/1978
3a. Date of Last Report: 04/19/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 65-0305250 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BANTZ, THOMAS M
COLLIER FINANCIAL SYSTEMS, INC
4985 E TAMIAMI TR
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name: Stephen P. Hart
82 Street Address (P.O. Box Number is Not Acceptable): Collier Financial, Inc
83: 4985 East Tamiami Trail
84 City: Naples **FL** 85 Zip Code: 34113

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Steph P. Hart 4/1/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE	TD	☒ Change ☐ Addition
NAME	MARTIN, JAMES		1.2 NAME	JAMES MARTIN	
STREET ADDRESS	4717 VILLA MARE LN		1.3 STREET ADDRESS	4717 VILLA MARE LN	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	NAPLES FL	
TITLE	TD	☒ DELETE	2.1 TITLE	VPD.	☐ Change ☒ Addition
NAME	PETE INFANTI, MGR		2.2 NAME	WENDELL UPTON	
STREET ADDRESS	4601 GULF SHORE BLVD N ENCLANVE UNIT		2.3 STREET ADDRESS	4601 Gulf Shore Blvd N. #19	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	NAPLES FL	
TITLE	PD	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	FLESHEN, ROBERT		3.2 NAME	FLESHER, Robert	
STREET ADDRESS	4551 GULFSHORE BLVD., N., #403		3.3 STREET ADDRESS	4551 Gulfshore Blvd N #403	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	NAPLES FL	
TITLE	SD	☐ DELETE	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	KELLY, PHIL		4.2 NAME	Phil Kelly	
STREET ADDRESS	4651 GULF SHORE BLVD. N		4.3 STREET ADDRESS	4651 Gulf Shore Blvd N.	
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	NAPLES FL	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.