

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744379

1. Entity Name

ACCESS COMMONS "D" ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 11209
NAPLES FL 34101
US

P O BOX 11209
NAPLES FL 34101
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0305250

Applied For

Not Applicable

5. 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

HART, STEPHEN P
COLLIER FINANCIAL, INC
4985 E TAMiami TRAIL
NAPLES FL 34113

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Delete
NAME	KIRK, ROBERT	
STREET ADDRESS	4737 VILLA MARE LANE	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VPD	☒ Delete
NAME	VOELKNEE, THOMAS	
STREET ADDRESS	4651 GULF SHORE BLVD N #1804	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	TD	☒ Delete
NAME	FLESHEZ, ROBERT	
STREET ADDRESS	4551 GULF SHORE BLVD., N., #403	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	SD	☒ Delete
NAME	COFFEEN, BOB	
STREET ADDRESS	4601 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	☒ Change ☐ Addition
NAME	Bruce Zimmerman	
STREET ADDRESS	4651 Gulf Shore Blvd. N. #1804	
CITY-ST-ZIP	Naples, FL 34103	
TITLE	TD	☒ Change ☒ Addition
NAME	Don Hill	
STREET ADDRESS	4551 Gulf Shore Blvd. N. #700	
CITY-ST-ZIP	Naples, FL 34103	
TITLE	VPD	☒ Change ☐ Addition
NAME	DAVE GOLDBERG	
STREET ADDRESS	4601 Gulf Shore Blvd N	
CITY-ST-ZIP	Naples, FL 34103	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:

[Signature] 4/22/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90223 048 ****61.25



DO NOT WRITE IN THIS SPACE