

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744379

FILED
Apr 13, 2007
Secretary of State

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

Current Principal Place of Business:

P O BOX 11209
NAPLES, FL 34101 US

New Principal Place of Business:

4200 GULF SHORE BLVD. N
NAPLES, FL 34103 US

Current Mailing Address:

P O BOX 11209
NAPLES, FL 34101 US

New Mailing Address:

COLLIER FINANCIAL, INC.
4985 TAMIAMI TRAIL E.
NAPLES, FL 34113 US

FEI Number: 65-0305250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: HARRIS, SCOTT
Address: P.O. BOX 11209
City-St-Zip: NAPLES, FL 34101

Title: PD () Delete
Name: EVANS, JACK
Address: 4651 GULF SHORE BLVD. N
City-St-Zip: NAPLES, FL 34103

Title: VD () Delete
Name: COFFEEN, BOB
Address: 4601 GULF SHORE BLVD N
City-St-Zip: NAPLES, FL 34103

Title: TD () Delete
Name: BEEMSTERBOER, MARIE
Address: 4551 GULF SHORE BLVD. N
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: SARNO, NED
Address: 4718 VILLA MARE LANE
City-St-Zip: NAPLES, FL 34103

Title: SD (X) Change () Addition
Name: EVANS, JACK
Address: 4651 GULF SHORE BLVD. N
City-St-Zip: NAPLES, FL 34103

Title: PD (X) Change () Addition
Name: COFFEEN, BOB
Address: 4601 GULF SHORE BLVD N
City-St-Zip: NAPLES, FL 34103

Title: VD (X) Change () Addition
Name: BEEMSTERBOER, MARIE
Address: 4551 GULF SHORE BLVD. N
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the 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: BOB COFFEEN

PD

04/13/2007

Electronic Signature of Signing Officer or Director

Date