2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 744379

1. Entity Name

ACCESS COMMONS "D" ASSOCIATION, INC.



FILED May 02, 2003 8:00 am Secretary of State 05-02-2003 90095 040 ****61.25

								}					
Principal Place of Business				Mailing Address P O BOX 11209									
P O BOX 11209 NAPLES FL 34101 US			NAPLES FL 34101 US										
2. Principal Place of Business 3. Ma				Mailing Address						IB IBIH BIBIH BIBIH	DIEN EKEN EN	IK BABA IANI	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			Ci	City & State				05 0505250				pplied For	
Zip Country			Zi	Zip Cou				E Cortificate of	Status Decired			Not Applicable 3.75 Additional	
6. Name and Address of Current Reg			Register	trent he		7. Name and Address of New Registered					Fee Required		
o, Name and Address of Current Registered Agent						Name	-	T. Hallo dilo A			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
HART, STEPHEN P COLLIER FINANCIAL, INC					Street Address			(P.O. Box Number is Not Acceptable)					
4985 E TAMIAMI TRAIL												***	
NAPLES FL 34113					City F			FL	Zip Code				
		submits this statement fo	r the purp	oose of changing its	registere	d office o	r register	ed agent, or both,	in the State of FI	lorida. I am fa	miliar with,	and accept	
the obligat	ions of regist	ered agent.								•			
SIGNATURE .	Classics Asset	or printed name of registered agent	and title if an	nliceble (NOTC	- Pagistarad	Agent signal	ura raquirad	when reinstating)	·	DATE			
<u> </u>	Signature, typed	or printed name of registered agent s	and title ii api	plicable. (NOTE	. negistered	Agent signal	ure required	wien ienstanig)		DAIL	m		
المتحقق					\$5.00 May Be		ake Check						
FILE NOW: FEE IS \$61.25				Trust Fund Contribution.				Added to Fees	Flori	ida Departi	nent of S	State	
10.		OFFICERS AND DIF	RECTORS		11.			ADDITIONS/CHAP	GES TO OFFICE				
TITLE	SD Kirk, Roe	ERT .		Delete	TITLE NAME		PO	NREDA N	AVE	•	Change	☐ Addition	
STREET ADDRESS 4737 VILLA MARE LANE						T ADDRESS	460	OBERG, D	HORE E	BLVD, 1	/		
CITY-ST-ZIP	NAPLES F	L 34103			CITY-	ST-ZIP	NAP	LES FL	34/03		, ,		
TITLE	PD	ANI RDIICE		☐ Delete	TITLE NAME		VPL	DON.			Change	☐ Addition	
NAME STREET ADDRESS	ZIMMERMAN, BRUCE 4651 GULF SHORE BLVD. N 1005				TADDRESS 4551 GULF SHORE BLVD. N								
CITY-ST-ZIP	NAPLES F				CITY~	ST-ZIP		YES FL	34/03			<u></u>	
TITLE	TD	یر سب کا کیسے ہے۔ ا	•	☐ Delete	TITLE		TA	ROBE	· ·	-	Change	☐ Addition	
NAME STREET ADDRESS	HILL, DON	i f shore blvd. N #70	ነሰ		NAME	T ADDRESS	11 7	ZJ VIII	A MARE	- LAN	ميت		
CITY-ST-ZIP	NAPLES F		,,,			ST-ZIP	NAI	PLES FL	3410	3	_		
TITLE	VPD			☐ Delete	TITLE		50				Change	☐ Addition	
NAME	GOLDBER	-			NAME		ZIM	MERMIN	1, BRUC	$\mathcal{E}_{\mathbf{p}}$. #		
STREET ADDRESS CITY-ST-ZIP	4601 GUL Naples F	F SHORE BLVD. N				T ADORESS ST-ZIP	1105	K, KOBEN 37 VILLA PLES FL MERMAN 11 CULE PLES FL	SHOPE	- BLVI). <i>J</i>	1. 1005	
TITLE	INTLEST	L 34103		☐ Delete	TITLE	•	777	11 7 C	<u>- 2770.</u>		☐ Change	Addition	
NAME				- 01000	NAME						-	}	
STREET ADDRESS						T ADDRESS						}	
CITY-ST-ZIP						ST-ZIP							
TITLE				☐ Delete	TITLE NAME						☐ Change	☐ Addition	
NAME STREET ADDRESS]					T ADDRESS							
CITY-ST-ZIP						ST-ZIP							
		1.6	a		<u></u>				Flacial District	I formation a most	G. shoet that	information	

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 i 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.

4-59-03