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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744381

1. Corporation Name

COMMONS "V" ASSOCIATION, INC.

Principal Place of Business	*Mailing Address*
4200 GULF SHORE BLVD N NAPLES FL 34103 US	COMMONS V ASSN. INC P O BOX 8990 NAPLES FL 34101 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 09/26/1978

4. FEI Number: 65-0346808 ☐ 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

9. Name and Address of Current Registered Agent

CATALANO, ANTHONY J
4001 TAMIAMI TRAIL N
709 103RD AVE NORTH
NAPLES FL 34108

Williams Leo F.
P.O. Box 70326
Naples FL 34107-0826

10. Name and Address of New Registered Agent

81 Name: Leo F Williams
82 Street Address (P.O. Box Number is Not Acceptable): Pelican Bay Property Mgmt
83: 10823 Tamiami Trail N
84 City: Naples FL 85 Zip Code: 34108

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: [signature] DATE: 3.26.99
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	☐ DELETE	1.1 TITLE	P ☐ Change ☒ Addition
NAME	HERMAN, DON		1.2 NAME	Williams Leo F.
STREET ADDRESS	4351 GULF SHORE BLVD N		1.3 STREET ADDRESS	P.O.Box 770826
CITY-ST-ZIP	NAPLES FL 34103		1.4 CITY-ST-ZIP	Naples, FL 34107-0826
TITLE	D	☐ DELETE	2.1 TITLE	VP ☐ Change ☒ Addition
NAME	TERHAY, TOM		2.2 NAME	Bemch Ruhn
STREET ADDRESS	4200 GULF SHORE BLVD NORTH		2.3 STREET ADDRESS	4451 Gulfshore Blvd. N. # 1406
CITY-ST-ZIP	NAPLES FL 34103		2.4 CITY-ST-ZIP	Naples FL 34103
TITLE	D	☐ DELETE	3.1 TITLE	D ☐ Change ☒ Addition
NAME	FLESHER, ROBERT		3.2 NAME	Michael George
STREET ADDRESS	4601 GULF SHORE BLVD N		3.3 STREET ADDRESS	4401 Gulfshore Blvd. N. 403
CITY-ST-ZIP	NAPLES FL 34103		3.4 CITY-ST-ZIP	Naples, FL 34103
TITLE	VI	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
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 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 3-26-99 — 941-597-8070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #