## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 744381**

1. Entity Name

COMMONS "V" ASSOCIATION, INC.

Principal Place of Business 4200 GULF SHORE BLVD N NAPLES FL 34103

Mailing Address

COMMONS V ASSN. INC P O BOX 8990 NAPLES FL 34101

2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

## FILED May 16, 2001 8:00 am § Secretary of State

05-16-2001 90006 022 \*\*\*\*61.25

549479



DO NOT WRITE IN THIS SPACE

				İ	SONOT WINE IN THIS SEASE			
City & State		City & State		4. FEI I	4. FEI Number 65-0346808		pplied For	
Zin	- Country				05-0540000	N	ot Applicable	
Zip 	Country	Zip	Country	<b>5.</b> Cert	ficate of Status Desired	S8.75 Add Fee Require		
	6. Name and Address of Current R	egistered Agent			e and Address of New Re	gistered Agent		
			Namo	9				
WILLIAMS, LEO F			Stree	Street Address (P.O. Box Number is Not Acceptable)				
	BAY PROPERTY MANAGEMENT				<del></del> .	<u> </u>		
	AMIAMI TRAIL NORTH		}					
NAPLES FL 34108			City	City FL Zip Code				
8. The above	a named entity submits this statement for t	he purpose of changing its	registered office	or registered seemt	or both in the state of Clari	1		
	and dialogically but and dialogically for the	no purpose of changing its	registered office	or registered agent,	or both, in the state of Fion	ua.		
SIGNATURE		<del> </del>						
	Signature, typed or printed name of registered agent and	title if applicable. (NOT	E: Registered Agent sig	nature required when reinstat	ng)	DATE		
	FILE NOW:	9. Election Campaigr	· -	\$5.00 May Be		Check Payable to	}	
	FEE IS \$61.25	Trust Fund Contrib	ution.	Added to Fees	Depa	artment of State		
10.	OFFICERS AND DIRE	CTORS	11.	ADDITION:	 S/CHANGES TO OFFICERS	S AND DIRECTORS IN	10	
TITLE	S	<b>▼</b> Delete	TITLE	VPD		Change	Addition	
NAME	HERMAN, DON	-	NAME	RobertA	ESher ZBIVA.		_	
STREET ADDRESS	4351 GULF SHORE BLVD N		STREET ADDRES	s 4351 Gwi	CShare ISIVA.	M ·		
CITY-ST-ZIP	NAPLES FL 34103		CITY-ST-ZIP	Negles F	34103			
TITLE	D	☐ Delete	TITLE	•		☐ Change	Addition	
NAME	TERIHAY, TOM		NAME					
STREET ADDRESS	4200 GULF SHORE BLVD NORTH		STREET ADDRESS	§				
CITY-ST-ZIP	NAPLES FL 34103		CITY-ST-ZIP					
TITLE NAME	D CLECKED DOREDT	Delete	TITLE	SD Robert F		Change	Addition	
name Street address i	FLESHER, ROBERT   4601 GULF SHORE BLVD N		NAME STREET ADDRESS	RobertF	esher			
CITY-ST-ZIP	NAPLES FL 34103		CITY-ST-ZIP	·				
TITLE	P	☐ Delete	TITLE	<del>                                     </del>		<b>N</b> 0		
NAME	WILLIAMS, LEO F	L Delete	. NAME	1240 W:11	ane	💢 Change	Addition	
STREET ADDRESS	P.O. BOX 770326		STREET ADDRESS	I -	· ·· >			
CITY-ST-ZIP	NAPLES FL 34107-0326		CITY-ST-ZIP					
TITLE	VP	☐ Delete	TITLE	PD	· - <u>-</u>	X Change	☐ Addition	
NAME	BENNETT, RUTH		NAME	Ruth Be	nnett	<u></u> → Ondinge	LJ AGGIGOT	
STREET ADDRESS	4451 GULFSHORE BLVD, N #1406		STREET ADDRESS	_				
CITY-ST-ZIP	NAPLES FL 34103		CITY-ST-ZIP					
TITLE	D	Delete	TITLE	TD		☐ Change	Addition	
NAME	MICHAEL, GEORGE	• • • •	NAME	Tonny 7	hongson whose Blad #			
STREET ADDRESS	4401 GULFSHORE BLVD, N #403		STREET ADDRESS	14401 GU16	akone Blad +	11003		

NAPLES FL 34103 Hayles, Fl . 34103 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

4-29-01

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