2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: .

Mar 30, 2007 8:00 am Secretary of State **DOCUMENT #751747** 03-30-2007 90130 048 ****61 25 CONDO COMMONS AREA, INC. Principal Place of Business 40045377 Mailing Address 940 PALM VIEW DR 187 FOREST LAKES BLVD NAPLES, FL 34110 US NAPLES, FL 34105 3. Mailing Address 6 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 03272007 Chg-NP CR2E037 (12/06) Applied For City & State 4. FEI Number 59-2489584 Not Applicable Collier Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent GRACEY, ROBERT 187 FOREST LAKES BLVD NAPLES, FL 34105 City Naples, FC 34102 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE Change Addition TITLE CREEDIN, JANICE NAME STREET ADDRESS 185 CYPRESS WAY E 104A STREET ADDRESS NAPLES, FL 34110 CITY-ST-ZIP CITY-ST-7IP ☐ Detete ☐ Change Addition TITLE TITLE KOEHL, CAROLYN NAME STREET ADDRESS 195 CYPRESS WAY E. #6 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34110 Addition DS ☐ Delete TITLE TITLE VERDINI, ANGELA NAME NAME 1000 PALM VIEW DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34110 Change ☐ Addition Delete TITLE VD TITLE Foresman, William 4830 Palmetto Woods DR. MCMAHON, GENE NAME NAME STREET ADDRESS 175 CYPRESS WAT E. #102 STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP NAPLES, FL 34110 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED