2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

A-5 PD CIC - 2006 AMT 6675 DATE

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # 751747

1. Entity Name
CONDO COMMONS AREA, INC.

Principal Place of Business	Mailing Address
940 PALM VIEW DR NAPLES, FL 34110 US	1040 6TH AVE NORTH NAPLES, FL 34102 US

02292008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2489584

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VALENTINI, VINCENT P
1040 6TH AVE NORTH
NAPLES, FL 34102

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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000854187
03/26/08-80100-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CREEDIN, JANICE
STREET ADDRESS	185 CYPRESS WAY E 104A
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	VD
NAME	KOEHL, CAROLYN
STREET ADDRESS	195 CYPRESS WAY E. #6
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	DS
NAME	VERDINI, ANGELA
STREET ADDRESS	1000 PALM VIEW DR
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	T
NAME	FORESMAN, WILLIAM
STREET ADDRESS	4830 PALMETTO WOODS DR
CITY-ST-ZIP	NAPLES, FL 33940
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: James G. Creedin Janice Creedin 3-7-08 239-261-1161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #