

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751747

FILED
May 20, 2009
Secretary of State

Entity Name: CONDO COMMONS AREA, INC.

Current Principal Place of Business:

940 PALM VIEW DR
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

1040 6TH AVE NORTH
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 59-2489584 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CREEDIN, JANICE
Address: 185 CYPRESS WAY E 104A
City-St-Zip: NAPLES, FL 34110

Title: VD () Delete
Name: KOEHL, CAROLYN
Address: 195 CYPRESS WAY E. #6
City-St-Zip: NAPLES, FL 34110

Title: DS () Delete
Name: VERDINI, ANGELA
Address: 1000 PALM VIEW DR
City-St-Zip: NAPLES, FL 34110

Title: T () Delete
Name: FORESMAN, WILLIAM
Address: 4830 PALMETTO WOODS DR
City-St-Zip: NAPLES, FL 33940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VINCENT P. VALENTINI

MR.

05/20/2009

Electronic Signature of Signing Officer or Director

Date