2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006
Secretary of State

DOCUMENT# 754104

Entity Name: BLOCK E COMMONS ASSOCIATION, INC.

Current Principal Place of Business:

C/O SOUTHWEST PROPERTY MNGMT.
1044 CASTELLO DR., #206
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

C/O SOUTHWEST PROPERTY MNGMT.
1044 CASTELLO DR., #206
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-2252545 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MNGMT. COPRP.
1044 CASTELLO DR., #206
NAPLES, FL 34103 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: VD ( ) Delete
Name: TODD, MILDRED
Address: 1865 COURTYARD WAY, #106F
City-St-Zip: NAPLES, FL 34112

Title: SD ( ) Delete
Name: SCIOLI, SAM
Address: 1915 SOURTYARD WAY, #G101
City-St-Zip: NAPLES, FL 34112

Title: PD ( ) Delete
Name: CHICKERING, DON
Address: 1733 COURTYARD WAY, B-106
City-St-Zip: NAPLES, FL 34112

Title: TD ( ) Delete
Name: CHANDLER, MARK
Address: 1833 COURTYARD WAY #E201
City-St-Zip: NAPLES, FL

Title: D ( ) Delete
Name: SPEAKS, GROVENA
Address: 1833 COURTYARDS WAY #E103
City-St-Zip: NAPLES, FL 34112

Title: VD ( ) Delete
Name: DORAU, BILL
Address: 1901 COURTYARD WAY #C204
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: TODD, MILDRED
Address: 1865 COURTYARD WAY, #106F
City-St-Zip: NAPLES, FL 34112

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DONALD CHICKERING P 04/13/2006

Electronic Signature of Signing Officer or Director — Date