2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#754104

FILED Apr 24, 2007 Secretary of State

Entity Name: BLOCK E COMMONS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O SOUTHWEST PROPERTY MNGMT. 1044 CASTELLO DR., #206 NAPLES FL 34103 **New Mailing Address: Current Mailing Address:** C/O SOUTHWEST PROPERTY MNGMT. 1044 CASTELLO DR., #206 NAPLES, FL 34103 FEI Number: 59-2252545 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: SOUTHWEST PROPERTY MNGMT. COPRP. 1044 CASTELLO DR., #206 NAPLES, FL 34103 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition TODD, MILDRED Name: Name: 1865 COURTYARD WAY, #106F Address: Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: Title: SD Title: () Delete () Change () Addition SCIOLI, SAM Name: Name: Address: 1915 SOURTYARD WAY, #G101 Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: Title: () Delete Title: () Change () Addition CHICKERING, DON Name: Name: 1733 COURTYARD WAY, B-106 Address: Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: Title: TD Title: () Change () Addition () Delete Name: CHANDLER, MARK Name: Address: 1833 COURTYARD WAY #E201 Address: City-St-Zip: NAPLES, FL City-St-Zip: Title: () Delete Title: (X) Change () Addition SPEAKS, GROVENA SWENSON, ROLAND Name: Name: 1833 COURTYARDS WAY #E103 1701 COURTYARD WAY, #201D Address: Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112 Title: () Delete Title: () Change () Addition DORAU BILL Name: Name: Address: 1901 COURTYARD WAY #C204 Address: NAPLES, FL 34112 City-St-Zip: 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 04/24/2007
