## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 01, 2007 08:00 AM **DOCUMENT # 757727** 1. Entity Namo **Secretary of State** COMMERCIAL SQUARE PHASE I CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 39 MILDRED DRIVE SUITE 3 39 MILDRED DRIVE SUITE 3 FT MYERS FL 33901 FT MYERS FL 33901 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. tst MOORE CR2E037 (10/06) Applied For City & State City & State 4. FEI Number 59-2077932 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COURTER, LOIS M Street Address (P.O. Box Number is Not Acceptable) 39 MILDRÉD DRIVE SUITE 3 FT MYERS FL Zip Code City 8. The above named onlity 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition ☐ Delete TITLE TETLE NAME U00000616997 NAME THORNBER, MARC STREET ADDRESS STREET ADDRESS 1226 HEMINGWAY DR. 02/07/07-80055-018 61.25 CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME THORNBER, JOYCE STREET ADDRESS STREET ADDRESS 1226 HEMINGWAY DR. CITY-ST-ZIP CHY SI-JIP FORT MYERS FL 33901 ☐ Change TITLE Addition HILE ☐ Delele STD ÑAŬIC NAME COURTER, LOIS STREET ADDRESS STREET ADDRESS 39 MILDRED DRIVE, SUITE 3 CITY-ST-ZIP CITY-SI-ZIP FT. MYERS FL ☐ Change Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST ZIP Addition | Change ☐ Delete IIILE NAME STREET ADDRESS STREET ADDRESS CSTY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST 7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 cath; 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.

Lois M. Courter

**FILED**