

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90011 027 ****61.25

DOCUMENT # 768893 1. Entity Name AIRPORT WOODS COMMERCE CENTER PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business C/O SAMINCO 10030 AMBERWOOD ROAD FORT MYERS, FL 33913 US			Mailing Address C/O SAMINCO 10030 AMBERWOOD ROAD FORT MYERS, FL 33913 US		
2. Principal Place of Business - No P.O. Box # C/O BENSON'S INC		3. Mailing Address C/O BENSON'S INC			
Suite, Apt. #, etc. 12650 WHITEHALL DR		Suite, Apt. #, etc. 12650 WHITEHALL DR			
City & State FORT MYERS, FL		City & State FORT MYERS, FL			
Zip 33907		Country US		4. FEI Number 65-0133226	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent POSMA, BONNE PRES 10030 AMBERWOOD ROAD FORT MYERS, FL 33913			7. Name and Address of New Registered Agent Name VANDALL, BONITA D Street Address (P.O. Box Number is Not Acceptable) 12650 WHITEHALL DR City FORT MYERS FL 33907		
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 <u>Bonne D. Posma</u> BONITA D. VANDALL 3-2508 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES POSMA, BONNE 10030 AMBERWOOD ROAD FORT MYERS, FL 33913	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PACKARD, MARTIN S 4140 W. GULF DRIVE SANIBEL, FL 33957	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC OAKS, KENNETH H 12244 TREELINE AVENUE, SUITE #4 FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUNLAVEY, LYNN 9971 BAVARIA RD FORT MYERS, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MASON, HENRY 10090 BAVARIA RD FORT MYERS, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIGNE, ROBERT 9911 BAVARIA RD FORT MYERS, FL 33913	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIGNE, ROBERT 9911 BAVARIA RD FORT MYERS, FL 33913	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>B W Posma, PRESIDENT</u> 3/14/08 239-561-1561 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					