

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768893

FILED
Jan 06, 2009
Secretary of State

Entity Name: AIRPORT WOODS COMMERCE CENTER PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O BENSONS INC
12650 WHITEHAUL DR
FORT MYERS, FL 33907 US

New Principal Place of Business:

C/O BENSONS INC
12650 WHITEHALL DR
FORT MYERS, FL 33907 US

Current Mailing Address:

C/O BENSONS INC
12650 WHITEHAUL DR
FORT MYERS, FL 33907 US

New Mailing Address:

C/O BENSONS INC
12650 WHITEHALL DR
FORT MYERS, FL 33907 US

FEI Number: 90-0333299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANDALL, BONITA D
12650 WHITEHALL DR
FORT MYERS, FL 33907 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: PRES () Delete
Name: POSMA, BONNE
Address: 10030 AMBERWOOD ROAD
City-St-Zip: FORT MYERS, FL 33913

Title: VP () Delete
Name: PACKARD, MARTIN S
Address: 4140 W. GULF DRIVE
City-St-Zip: SANIBEL, FL 33957 US

Title: SD () Delete
Name: DUNLAVEY, LYNN
Address: 9971 BAVARIA RD
City-St-Zip: FORT MYERS, FL 33913

Title: TD () Delete
Name: HENRY, MASON
Address: 10090 BAVARIA RD
City-St-Zip: FORT MYERS, FL 33913

Title: D () Delete
Name: VIGNE, ROBERT
Address: 9911 BAVARIA RD
City-St-Zip: FORT MYERS, FL 33913

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:

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: BONNE POSMA

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date