

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770685

FILED  
Apr 18, 2007  
Secretary of State

**Entity Name:** COMMERCE ROW OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

225 MAIN STREET  
SUITE 12  
DESTIN, FL 32541 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5186  
DESTIN, FL 325405186 US

**New Mailing Address:**

**FEI Number:** 59-2413213

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STUECKEN, LARRY D  
310 BEACH DRIVE  
PO BOX 5186  
DESTIN, FL 325405186 US

**Name and Address of New Registered Agent:**

STUECKEN, LARRY D  
310 BEACH DRIVE  
DESTIN, FL 325405186 US

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:

04/18/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: LUPORI, TIM,  
Address: 225 MAIN ST. STE. 1  
City-St-Zip: DESTIN, FL 32541 US

Title: D/S ( ) Delete  
Name: MCDOWELL, MARGARET  
Address: 225 MAIN STREET SUITE 12  
City-St-Zip: DESTIN, FL 32541

Title: DT ( ) Delete  
Name: STUECKEN, LARRY D  
Address: 310 BEACH DR, P.O. BOX 5186  
City-St-Zip: DESTIN, FL 325405186

**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:

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: L. STUECKEN

DIR

04/18/2007

Electronic Signature of Signing Officer or Director

Date