

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770913

FILED
Mar 27, 2009
Secretary of State

Entity Name: COMMERCE CENTER I ASSOCIATION, INC.

Current Principal Place of Business:

1483 SE VILLAGE GREEN DR
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

1483 SE VILLAGE GREEN DR
PORT SAINT LUCIE, FL 34952

New Mailing Address:

FEI Number: 59-2357948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILBERT, RANDY
1479 SE VILLAGE GREEN DR
PORT ST. LUCIE, FL 34952 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: PD () Delete
Name: GILBERT, RANDY V
Address: 1479 SE VILLAGE GREEN DR
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: V () Delete
Name: TOWERS, JOHN
Address: 1469 SE VILLAGE GREEN DR
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S () Delete
Name: JAFFIN, KATHERINE
Address: 1469 SE VILLAGE GREEN DR
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: T () Delete
Name: GILBERT, KIMBERLY
Address: 1479 SE VILLAGE GREEN DR
City-St-Zip: PORT ST LUCIE, FL 34952

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:

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: KIMBERLY A GILBERT

TREA

03/27/2009

Electronic Signature of Signing Officer or Director

Date