


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90040 006 \*\*\*\*61.25

<b>DOCUMENT # N00000000106</b>					
<b>1. Entity Name</b> RADIO ROAD COMMERCIAL PARK CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 4776 RADIO RD. NAPLES, FL 34104			<b>Mailing Address</b> C/O COLONIAL SQUARE REALTY PO BOX 10608 NAPLES, FL 34101		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3681859	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WOODWARD, MARK J 3200 TAMiami TRAIL NORTH NAPLES, FL 34103			<b>7. Name and Address of New Registered Agent</b> Name <u>Colonial Square Realty INC</u> Street Address (P.O. Box Number is Not Acceptable) <u>1048 Goodlette Road #201</u> City <u>Naples</u> FL <u>34102</u>		
<b>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.</b>					
SIGNATURE <u>Clifford Olson</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>4/14/08</u>		<small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> SD <b>NAME</b> MCDONALD, ROBERT <b>STREET ADDRESS</b> 1920 SANDPIPER STREET <b>CITY-ST-ZIP</b> NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> Leifenthaler, Laura <b>STREET ADDRESS</b> 4776 Radio Road #705 <b>CITY-ST-ZIP</b> NAPLES FL 34104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> WESSON, PAM <b>STREET ADDRESS</b> 4776 RADIO RD #703 <b>CITY-ST-ZIP</b> NAPLES, FL 34104	<input type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> PLOSKE, LARRY <b>STREET ADDRESS</b> 4776 RADIO RD, #804 <b>CITY-ST-ZIP</b> NAPLES, FL 34104	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VD <b>NAME</b> Sweeney, Paul <b>STREET ADDRESS</b> 4776 Radio Road #801 <b>CITY-ST-ZIP</b> NAPLES FL 34104	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
SIGNATURE: <u>Clifford Olson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>4/14/08</u>		Daytime Phone #	