

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2006
Secretary of State

DOCUMENT# N00000006201

Entity Name: VETERANS PARK COMMONS OFFICE BUILDING I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5455 JAEGER RD
NAPLES, FL 34109

New Principal Place of Business:

1865 VETERANS PARK DRIVE
NAPLES, FL 34109

Current Mailing Address:

C/O COLONIAL SQUARE REALTY
P.O. BOX 10608
NAPLES, FL 34101

New Mailing Address:

1865 VETERANS PARK DRIVE
BOX #3
NAPLES, FL 34109

FEI Number: 90-0069729 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SOLDAVINI, BRIGID
5455 JAEGER RD
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

MIKES, JASON
1395 PANTHER LANE
SUITE 300
NAPLES, FL 34109 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: JASON MIKES

08/04/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOEFT, JACK
Address: 1865 VETERANS PARK AVE
City-St-Zip: NAPLES, FL 34109

Title: VPD () Delete
Name: MONTECALVO, RAYMOND
Address: 1865 VETERANS PARK AVE
City-St-Zip: NAPLES, FL 34109

Title: STD () Delete
Name: SOLDAVINI, BRIGID
Address: 5455 JAEGER RD
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CUCCINELLO, ROBERT
Address: 1865 VETERANS PARK DRIVE
City-St-Zip: NAPLES, FL 34109

Title: STD (X) Change () Addition
Name: MONTECALVO, RAYMOND
Address: 1865 VETERANS PARK DRIVE
City-St-Zip: NAPLES, FL 34109

Title: VD (X) Change () Addition
Name: DINSEY, DALAS
Address: 1865 VETERANS PARK DRIVE
City-St-Zip: NAPLES, FL 34109

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: ROBERT CUCCINELLO

PD

08/04/2006

Electronic Signature of Signing Officer or Director

Date