

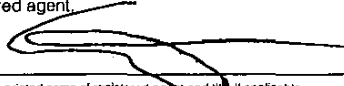
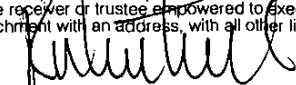


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90069 044 ****61.25

DOCUMENT # N0000006201					
1. Entity Name VETERANS PARK COMMONS OFFICE BUILDING I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1865 VETERANS PARK DRIVE NAPLES, FL 34109		Mailing Address 1865 VETERANS PARK DRIVE BOX #3 NAPLES, FL 34109		<p>4027</p>  <p>03232007 Chg-NP CR2E037 (12/06)</p>	
2. Principal Place of Business - No P.O. Box # c/o Integrated Property Mgmt.		3. Mailing Address c/o Integrated Property Mgmt.			
Suite, Apt. #, etc. 3435 - 10th Street N., #201		Suite, Apt. #, etc. 3435 - 10th Street N., #201			
City & State Naples, FL		City & State Naples, FL			
Zip 34103	Country	Zip 34103	Country	4. FEI Number 90-0069729	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MIKES, JASON 1395 PANTHER LANE SUITE 300 NAPLES, FL 34109			Name Naples-Lawdock, Inc. Street Address (P.O. Box Number is Not Acceptable) 1395 Panther Ln., Ste. 300 City Naples, FL FL Zip Code 34109		
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.					
SIGNATURE 			DATE 4/18/07		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUCCINELLO, ROBERT 1865 VETERANS PARK DRIVE NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Montecalvo, Raymond 1865 Veterans Park Dr. Naples, FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MONTECALVO, RAYMOND 1865 VETERANS PARK DRIVE NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Grey, Tim 1865 Veterans Park #204 Naples, FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DINSEY, DALAS 1865 VETERANS PARK DRIVE NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Adams, Michael 1855 Veterans Park #203/204 Naples, FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: 			DATE 4/20/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		