


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000006716

1. Entity Name
VETERANS PARK COMMONS COMMERCIAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O COLONIAL SQUARE REALTY 1164 GODLETTE RD NAPLES, FL 34102	Mailing Address C/O COLONIAL SQUARE REALTY PO BOX 10608 NAPLES, FL 34102
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04132006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3625281	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

**SOLDAVINI, BRIGID D
 5455 JAEGER ROAD
 NAPLES, FL 34109**

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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 _____
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, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOOPER, ROBERT 5320 BAREFOOT BAY BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONTECALVO, RAYMOND 1855 VETERANS PARK DR NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOEFT, JACK 1865 VETERANS PARK DR NAPLES, FL 34109
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 05/09/06-80044-001 61.25

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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: **4/24/06** Daytime Phone #: **239-287-4852**
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR