2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# N00000006716

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

Current Principal Place of Business:

C/O INTEGRATED PROPERTY MANAGEMENT
3435 10TH ST N 201
NAPLES, FL 34103

New Principal Place of Business:

C/O INTEGRATED PROPERTY MGMT, INC
3435 10TH ST N #201
NAPLES, FL 34103

Current Mailing Address:

C/O INTEGRATED PROPERTY MANAGEMENT
3435 10TH ST N 201
NAPLES, FL 34103

New Mailing Address:

C/O INTEGRATED PROPERTY MGMT, INC
3435 10TH ST N # 201
NAPLES, FL 34103

FEI Number: 59-3625281 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAPLES-LAWDOCK INC
1395 PANTHER LN STE 300
NAPLES, FL 34109 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: DST ( ) Delete
Name: CUCCINELLO, ROB
Address: 1865 VETERANS PARK #304
City-St-Zip: NAPLES, FL 34109

Title: DVP ( ) Delete
Name: GREY, TIM
Address: 1865 VETERANS PARK #204
City-St-Zip: NAPLES, FL 34109

Title: DP ( ) Delete
Name: MONTECALVO, RAY MD
Address: 1855 VETERANS PARK #103
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete
Name: DISNEY, DALAS
Address: 1865 VETERANS PARK #301
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change ( ) Addition
Name: LOLA BEE, LLC, ROB
Address: 1865 VETERANS PARK #304
City-St-Zip: NAPLES, FL 34109

Title: DVP (X) Change ( ) Addition
Name: ADAMS, MICHAEL
Address: 1865 VETERANS PARK #203-204
City-St-Zip: NAPLES, FL 34109

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: DR. RAY MONTECALVO DP 02/05/2009

Electronic Signature of Signing Officer or Director — Date