

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90081 001 \*\*\*\*61.25

**DOCUMENT # N01000001130**

1. Entity Name

**RADIO SQUARE COMMERCIAL CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business

**ANCHOR ASSOCIATES, INC  
3940 RADIO RD, STE 111  
NAPLES FL 34104**

Mailing Address

**ANCHOR ASSOCIATES, INC  
3940 RADIO RD, STE 111  
NAPLES FL 34104**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**52-2314785**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

**HINGSTON, SHIRLEY  
ANCHOR ASSOCIATES, INC  
3940 RADIO RD, STE 111  
NAPLES FL 34104**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **CARTER, JENNY**  
STREET ADDRESS **3940 RADIO RD, STE 102**  
CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☐ Delete  
NAME **SCHOLTEN, THOMAS**  
STREET ADDRESS **3940 RADIO RD, STE 112**  
CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☐ Delete  
NAME **AVERY, WILLIAM F**  
STREET ADDRESS **2200 KINGFISH RD**  
CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Delete  
NAME **AVERY, KATHLEEN**  
STREET ADDRESS **2200 KINGFISH RD**  
CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Delete  
NAME **LAVINSKI, JAMES E**  
STREET ADDRESS **3940 RADIO RD, STE 111**  
CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DP** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DV** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DS** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DT** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *James E Lavinski* **JAMES E LAVINSKI** 3/2/06 239 649 6357