

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002557

FILED
Mar 24, 2009
Secretary of State

Entity Name: BUSINESS LANE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1085 BUSINESS LANE
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

COLONIAL SQUARE REALTY, INC.
1048 GOODLETTE RD, SUITE 201
NAPLES, FL 34102 US

New Mailing Address:

COLONIAL SQUARE REALTY, INC.
P.O. BOX 10608
NAPLES, FL 34101 US

FEI Number: 06-1662906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLONIAL SQUIARE REALTY INC.
1164 GOODLETTE ROAD
NAPLES, FL 34101 US

Name and Address of New Registered Agent:

COLONIAL SQUIARE REALTY INC.
1048 GOODLETTE ROAD
SUITE 201
NAPLES, FL 34101 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: CLIFFORD OLSON

03/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAPRIO, TOM
Address: 1085 BUSINESS LANE #4
City-St-Zip: NAPLES, FL 34110

Title: VPD () Delete
Name: NANETTE, WARFEL
Address: 1085 BUSINESS LANE #10
City-St-Zip: NAPLES, FL 34110

Title: STD () Delete
Name: HUTCHINSON, MARK
Address: 1085 BUSINESS LANE #8
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: NANETTE, WARFEL
Address: 1085 BUSINESS LANE #10
City-St-Zip: NAPLES, FL 34110

Title: VPD (X) Change () Addition
Name: HUTCHINSON, MARK
Address: 1085 BUSINESS LANE #8
City-St-Zip: NAPLES, FL 34110

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: TOM CAPRIO

PD

03/24/2009

Electronic Signature of Signing Officer or Director

Date