2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006
Secretary of State

DOCUMENT# N02000000976

Entity Name: BUSINESS LANE OFFICE SUITES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1095 BUSINESS LANE
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

1095 BUSINESS LANE
SUITE3
NAPLES, FL 34110

New Mailing Address:

FEI Number: 01-0634247 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS LANE OFFICE SUITES CONDO ASSOC.
1095 BUSINESS LANE
SUITE3
NAPLES, FL 34110 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: D ( ) Delete
Name: ALLCORN, FRANK W IV
Address: 1095 BUSINESS LANE, UNIT 1
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: HAMMEL, WILLIAM J
Address: 1095 BUSINESS LANE, UNIT 1
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: INGEGNERI, MAURA
Address: 1095 BUSINESS LANE, UNIT 3
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: CALANDRA, DAVID
Address: 1095 BUSINESS LANE, UNIT 3
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: MAURA INGEGNERI MRS 02/22/2006

Electronic Signature of Signing Officer or Director Date