

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000001017**

1. Entity Name  
**SHIRLEY STREET COMMERCIAL PARK CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**5850 SHIRLEY STREET  
NAPLES, FL 341089**

Mailing Address  
**C/O COLONIAL SQUARE REALTY  
PO BOX 10608  
NAPLES, FL 34101**



03272007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**01-0630108**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**WOODWARD, MARK J ESQ  
C/O WOODWARD PIRES & LOMBARDO PA  
3200 TAMiami TRAIL NORTH SUITE 200  
NAPLES, FL 34103**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	SHANABARGER, GREG
STREET ADDRESS	5880 SHIRLEY ST., #204
CITY-STATE-ZIP	NAPLES, FL 34109
TITLE	VPD
NAME	GODDARD, JIM
STREET ADDRESS	5850 SHIRLEY ST #208
CITY-STATE-ZIP	NAPLES, FL 34109
TITLE	STD
NAME	MURPHY, PAT
STREET ADDRESS	5850 SHIRLEY ST., #102
CITY-STATE-ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000747475  
05/17/07-80027-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #