

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001017

FILED  
Mar 24, 2009  
Secretary of State

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

**Current Principal Place of Business:**

5850 SHIRLEY STREET  
NAPLES, FL 341089

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 01-0630108      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLONIAL SQUARES REALTY INC  
1048 GOODLETTE ROAD #201  
NAPLES, FL 34102 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: PD ( ) Delete  
Name: SHANABARGER, GREG  
Address: 5880 SHIRLEY ST., #204  
City-St-Zip: NAPLES, FL 34109

Title: VPD ( ) Delete  
Name: GODDARD, JIM  
Address: 5850 SHIRLEY ST #208  
City-St-Zip: NAPLES, FL 34109

Title: STD ( ) Delete  
Name: ADAMS, STEVE  
Address: 5850 SHIRLEY STREET #104  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VPD (X) Change ( ) Addition  
Name: JOHNSON, ANNABELLE  
Address: 5850 SHIRLEY ST #102  
City-St-Zip: NAPLES, FL 34109

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: GREG SHANABARGER

PD

03/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date