

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 01, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000007479</b>	
1. Entity Name ALICO COMMERCE CENTER OWNERS' ASSOCIATION, INC.	
Principal Place of Business 3400 FORT CHARLES DR NAPLES, FL 34102-8200	Mailing Address 3400 FORT CHARLES DR NAPLES, FL 34102-8200



05052004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 06-1690045	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  VAN METER, WILLIAM B 999 9TH STREET SOUTH SUITE 109 NAPLES, FL 34102-8200	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VAN METER, WILLIAM B 3400 FORT CHARLES DR NAPLES, FL 341028200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BUNDSCHU, CHRIS 6700-A DANIELS PARKWAY FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS WILLIAMS, SONJA 3400 FORT CHARLES DR NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000162974  
07/01/04-80002-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Wm. B. VAN METER Wm. B. Van Meter 6/23/04 239-489-0654  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #