## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000003670

FILED Apr 24, 2009 Secretary of State

Entity Name: ALICO COMMERCIAL PARK MASTER ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 9130 CORSEA DEL FONTANA WAY 1048 GOODLETTER ROAD N. NAPLES, FL 34109 SUITE 201 NAPLES, FL 34102 **Current Mailing Address: New Mailing Address:** C/O COLONIAL SQUARE REALTY, INC. 9130 CORSEA DEL FONTANA WAY NAPLES, FL 34109 P.O. BOX 10608 NAPLES, FL 34101 FEI Number: 20-0114039 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: D'JAMOOS, JOSEPH E COLONIAL SQUARE REALTY, INC 1048 GOODLETTE ROAD N. 9130 CORSEA DEL FONTANA WAY NAPLES, FL 34109 SUITE 201 NAPLES, FL 34102 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 04/24/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete D'JAMOOS, JOSEPH E Name: Name: 9130 CORSEA DEL FONTANA WAY Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: Title: DVS () Delete Title: () Change () Addition Name: D'JAMOOS, ELIZABETH A Name: Address: 9130 CORSEA DEL FONTANA WAY Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: Title: () Delete Title: () Change () Addition D'JAMOOS, JENNIFER Name: Name: 9130 CORSEA DEL FONTANA WAY Address: Address: City-St-Zip: NAPLES, FL 34109 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: ELIZABETH D'JAMOOS DVS 04/24/2009