

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005424

FILED
Apr 29, 2006
Secretary of State

Entity Name: VIERA BOULEVARD COMMERCE PARK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

13490 OLD LIVINGSTON RD
NAPLES, FL 34109

New Principal Place of Business:

1608 MOONLIT DRIVE
RICHFIELD, WI 53076

Current Mailing Address:

13490 OLD LIVINGSTON RD
NAPLES, FL 34109

New Mailing Address:

1608 MOONLIT DRIVE
RICHFIELD, WI 53076

FEI Number: 16-1673494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, DAN
13490 OLD LIVINGSTON RD
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

NIGBOR, DAVID
16 N. OLEANDER STREET
FELLSMERE, FL 32948 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: DAVID J. NIGBOR

04/29/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARTER, DAN
Address: 13490 OLD LIVINGSTON RD
City-St-Zip: NAPLES, FL 34109

Title: VD (X) Delete
Name: CARTER, TERRI
Address: 13490 OLD LIVINGSTON RD
City-St-Zip: NAPLES, FL 34109

Title: SD (X) Delete
Name: BARTON, BLAINE
Address: 13490 OLD LIVINGSTON RD
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: NIGBOR, DAVID
Address: 1608 MOONLIT DRIVE
City-St-Zip: RICHFIELD, WI 53076

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: DAVID J. NIGBOR

PRES

04/29/2006

Electronic Signature of Signing Officer or Director

Date