

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009067

FILED  
Mar 29, 2012  
Secretary of State

**Entity Name:** INTERSTATE COURT INDUSTRIAL CONDOMINIUM COMPLEX ASSOCIATION, INC.

**Current Principal Place of Business:**

265 AIRPORT ROAD SOUTH  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

265 AIRPORT ROAD SOUTH  
NAPLES, FL 34104

**New Mailing Address:**

**FEI Number:** 20-0534205

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DORAGH, PETE  
6700 WINKLER ROAD  
SUITE 4  
FORT MYERS, FL 33919 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  
Name: LEVINE, STEVEN E  
Address: 6700 WINKLER ROAD, SUITE 4  
City-St-Zip: FORT MYERS, FL 33919

Title: STD  
Name: JOHNSON, LAUREN  
Address: 6700 WINKLER ROAD, SUITE 4  
City-St-Zip: FT. MYERS, FL 33919

Title: D  
Name: HARTEMINK, JOHN  
Address: 6700 WINKLER ROAD, SUITE 4  
City-St-Zip: FORT MYERS, FL 33919

Title: D  
Name: DRUMMOND, ROBERT  
Address: 6700 WINKLER ROAD, SUITE 4  
City-St-Zip: FORT MYERS, FL 33919

Title: D  
Name: CHURCH, DENNIS  
Address: 6700 WINKLER ROAD, SUITE 4  
City-St-Zip: FORT MYERS, FL 33919

I hereby 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 all other like empowered.

SIGNATURE: STEVEN E. LEVINE

PD

03/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date