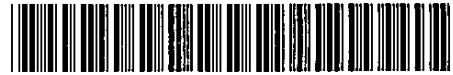


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90033 006 \*\*\*\*61.25

<b>DOCUMENT # N05000001451</b>			
1. Entity Name <b>CORKSCREW COMMERCE PARK OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>16979 OLD ROUTE 41 NAPLES FL 34110</b>		Mailing Address <b>16979 OLD ROUTE 41 NAPLES FL 34110</b>	
2. Principal Place of Business <b>15 8th Street</b>		3. Mailing Address <b>15 8th Street</b>	
Suite, Apt. #, etc. <b>Suite A</b>		Suite, Apt. #, etc. <b>Suite A</b>	
City & State <b>Bonita Springs FL</b>		City & State <b>Bonita Springs FL</b>	
Zip <b>34134</b>	Country <b>USA</b>	Zip <b>34134</b>	Country <b>USA</b>



1st MOORE CR2E037 (10/05)

4. FEI Number <b>20-2346610</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>GOLDIE, JAMES M 16979 OLD ROUTE 41 NAPLES FL 34110</b>				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable) <b>15 8th Street</b>				Street Address (P.O. Box Number is Not Acceptable) <b>15 8th Street</b>			
Suite <b>Suite A</b>				Suite <b>Suite A</b>			
City <b>Bonita Springs FL</b>				City <b>Bonita Springs FL</b>		Zip Code <b>34134</b>	

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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, ALLEN W			NAME			
STREET ADDRESS	16979 OLD ROUTE 41			STREET ADDRESS	15 8th Street Suite A		
CITY-ST-ZIP	NAPLES FL 34110			CITY-ST-ZIP	Bonita Springs FL 34134		
TITLE	DST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDIE, JAMES M			NAME			
STREET ADDRESS	16979 OLD ROUTE 41			STREET ADDRESS	15 8th Street Suite A		
CITY-ST-ZIP	NAPLES FL 34110			CITY-ST-ZIP	Bonita Springs FL 34134		
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEW, WILLIAM			NAME			
STREET ADDRESS	16979 OLD ROUTE 41			STREET ADDRESS	15 8th Street Suite A		
CITY-ST-ZIP	NAPLES FL 34110			CITY-ST-ZIP	Bonita Springs FL 34134		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: James M Goldie 3/31/06 2394952009