2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# N05000001774

Entity Name: MERCANTILE COMMERCIAL PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7997 MERCANTILE STREET
UNIT 10
NORTH FORT MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

7997 MERCANTILE STREET
UNIT 10
NORTH FORT MYERS, FL 33917

New Mailing Address:

FEI Number: 20-2505443 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMMONS, GARY
7995 MERCANTILE ST, UNIT 5
NORTH FORT MYERS, FL 33917 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 ( ) Delete
Name: AVERILL, BOBBI
Address: 7999 MERCANTILE ST, UNIT 15
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: VPD ( ) Delete
Name: PASTORS, DIANE
Address: 7997 MERCANTILE ST, UNIT 9
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: SD ( ) Delete
Name: KOWALCYK, CATHY
Address: 7997 MERCANTILE ST, UNIT 8
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: TD ( ) Delete
Name: WALKER, ARTHUR
Address: 7997 MERCANTILE ST, UNIT 10
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: KOWALCZYK, DAVE
Address: 7997 MERCANTILE ST, UNIT 8
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: SD (X) Change ( ) Addition
Name: KOWALCZYK, KATHY
Address: 7997 MERCANTILE ST, UNIT 8
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: ( ) Change ( ) Addition
Name:
Address:
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: ARTHUR WALKER TD 01/09/2008

Electronic Signature of Signing Officer or Director — Date