


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90063 022 ****61.25

DOCUMENT # N05000004415 1. Entity Name D75 COMMERCE CENTER OWNER'S ASSOCIATION, INC.	
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Principal Place of Business C/O CPMS 13131 UNIVERSITY DR FORT MYERS, FL 33907	Mailing Address C/O CPMS 13131 UNIVERSITY DR FORT MYERS, FL 33907
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01102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2827320	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CONROY, J THOMAS III 2640 GOLDEN GATE PKWY STE 115 NAPLES, FL 34105
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, SCOTT 12271 TOWNE LAKE DR FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAIROWSKY, WOLF 2160 COLONIAL BLVD FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAXTELL, ROTHELL PO BOX 392 FT MYERS, FL 33910
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Samuel K. Van Vleck</i> PAMELA K. VAN VLECK	<i>1/11/08</i> 239-425-6424
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>