

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005252

**FILED**  
**Mar 27, 2011**  
**Secretary of State**

**Entity Name:** TOLLGATE BUSINESS PARK II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3135 SANTORINI CT.  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 990222  
NAPLES, FL 34116

**New Mailing Address:**

**FEI Number:** 20-3412850

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SDA MANAGEMENT SERVICES INC  
3135 SANTORINI CT.  
NAPLES, FL 34119 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: DPT  
Name: PARISH, JIM J  
Address: 9165 QUARTZ LANE  
City-St-Zip: NAPLES, FL 34120

Title: DVS  
Name: POLLEY, BILL  
Address: 3893 MANNIX DRIVE.UNIT 514  
City-St-Zip: NAPLES, FL 34114

Title: D  
Name: BEARDSLEY, GLENDA  
Address: 2360 19TH ST. S.W.  
City-St-Zip: NAPLES, FL 34117

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: JIM PARISH

PRES

03/27/2011

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

\_\_\_\_\_  
Date