

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000011283**

1. Entity Name  
**PAGE FIELD COMMERCIAL PARK CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**COLONIAL SQUARE REALTY, INC.  
1164 GOODLETTE RD NORTH  
NAPLES, FL 34102**

Mailing Address  
**COLONIAL SQUARE REALTY, INC.  
1164 GOODLETTE RD NORTH  
NAPLES, FL 34102**



03272007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**14-1878786**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WOODWARD, MARK J ESQ  
WOODWARD, PIRES & LOMBARDO, P.A.  
3200 TAMiami TRAIL NORTH - STE 200  
NAPLES, FL 34103**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$81.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD OLSON, CLIFFORD A 1164 GOODLETTE RD NORTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRICE, TAMMY 1164 GOODLETTE RD NORTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODWARD, MARK J 3200 TAMiami TRAIL NORTH - STE 200 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000697060  
04/10/07-80025-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Mark J Woodward* *Tammy Price* *Sec.* **3/21/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #