

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

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90037 045 \*\*\*\*61.25

**60024930**



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	
2. Principal Place of Business - No P.O. Box # 2775 Airport Rd.		3. Mailing Address P.O. Box 10608	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fort Myers, FL		City & State Naples, FL	
Zip 33907		Zip 34101	
Country		Country	
4. FEI Number 26-1075603		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 WOODWARD, MARK J ESQ WOODWARD, PIRES & LOMBARDO, P.A. 3200 TAMIAMI TRAIL NORTH - STE 200 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name: Colonial Square Realty, INC Street Address (P.O. Box Number is Not Acceptable): 1048 Goodlette Road, suite 201 City: Naples FL Zip Code: 34102	
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:		Clifford Olson 4/7/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
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	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD OLSON, CLIFFORD A 1164 GOODLETTE RD NORTH NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mitchell, Skip 13051 North Cleveland Ave. North Ft. Myers, FL 33903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRICE, TAMMY 1164 GOODLETTE RD NORTH NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sullivan, David 14300 Riva Del Lago Drive N #1905 FT Myers FL 33901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODWARD, MARK J 3200 TAMIAMI TRAIL NORTH - STE 200 NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tollison, Brian PO Box 60132 FT Myers FL 33906 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		Clifford Olson 4/7/08 239-261-2627	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	