

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011283

FILED
Apr 23, 2009
Secretary of State

Entity Name: PAGE FIELD COMMERCIAL PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2775 AIRPORT RD
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

PO BOX 10608
NAPLES, FL 34101

New Mailing Address:

FEI Number: 26-1075603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLONIAL SQUARE REALTY INC
1048 GOODLETTE ROAD, STE. 201
NAPLES, FL 34102 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: PTD () Delete
Name: MITCHELL, SKIP
Address: 13051 NORTH CLEVELAND AVE.
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: SD () Delete
Name: SULLIVAN, DAVID
Address: 14300 RIVA DEL LAGO DRIVE N. #1905
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: TOLLISON, BRIAN
Address: PO BOX 60132
City-St-Zip: FORT MYERS, FL 33906

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TOLLISON, BRIAN
Address: P.O. BOX 60132
City-St-Zip: FORT MYERS, FL 33906

Title: D (X) Change () Addition
Name: BOSTWICK, STEPHEN
Address: 8421 ARBORFIELD CT.
City-St-Zip: FORT MYERS, FL 33912

Title: D (X) Change () Addition
Name: GAYLOR, GARY
Address: 14340 HICKORY FAIRWAY CT.
City-St-Zip: FORT MYERS, FL 33912

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: BRIAN TOLLISON

D

04/23/2009

Electronic Signature of Signing Officer or Director

Date