2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N05000011714

Entity Name: FIRST STREET COMMERCIAL CENTER, INC.

Current Principal Place of Business:

WOODWARD, PIRES & LOMBARDO, P.A.
3200 TAMIAMI TRAIL NORTH, SUITE 200
NAPLES, FL 34103

New Principal Place of Business:

2401 FIRST STREET
FORT MYERS, FL 33901

Current Mailing Address:

WOODWARD, PIRES & LOMBARDO, P.A.
3200 TAMIAMI TRAIL NORTH, SUITE 200
NAPLES, FL 34103

New Mailing Address:

COLONIAL SQUARE REALTY, INC.
P.O. BOX 10608
NAPLES, FL 34101

FEI Number: 20-4325204 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOODWARD, MARK J
WOODWARD, PIRES & LOMBARDO, P.A.
3200 TAMIAMI TRAIL NORTH, SUITE 200
NAPLES, FL 34103 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: D ( ) Delete
Name: KLOHN, WILLIAM L
Address: 2180 IMMOKALEE ROAD, SUITE 308
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: SUGAR, IRA
Address: 2180 IMMOKALEE ROAD, SUITE 308
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: OLSON, CLIFFORD A
Address: 1164 GOODLETTE ROAD NORTH
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CLIFFORD OLSON D 03/27/2009

Electronic Signature of Signing Officer or Director — Date