

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90183 006 \*\*\*\*61.25

**DOCUMENT # N05000011929**



1. Entity Name  
**TOLLGATE BUSINESS PARK III CONDOMINIUM  
ASSOCIATION, INC.**

Principal Place of Business  
**5672 STRAND COURT, #3  
NAPLES, FL 34110**

Mailing Address  
**5672 STRAND COURT, #3  
NAPLES, FL 34110**

40050271



2. Principal Place of Business - No P.O. Box #  
**3825 BECK BLVD.**  
Suite, Apt. #, etc.  
**# 721**

3. Mailing Address  
**3825 BECK BLVD**  
Suite, Apt. #, etc.  
**# 721**

02162007 Chg-NP CR2E037 (12/06)

City & State  
**NAPLES, FL**

City & State  
**NAPLES, FL**

4. FEI Number  
**20-4253363**

Applied For  
Not Applicable

Zip  
**34114**

Country  
**USA**

Zip  
**34114**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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

**GRAND CYPRESS COMMUNITIES, INC.  
5672 STRAND COURT, #3  
NAPLES, FL 34110**

**7. Name and Address of New Registered Agent**

Name  
**GRAND CYPRESS COMMUNITIES, INC.**  
Street Address (P.O. Box Number is Not Acceptable)  
**3825 BECK BLVD**  
**# 721**  
City  
**NAPLES** **FL** Zip Code  
**34114**

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 \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GODE, LARRY J 5672 STRAND COURT, #3 NAPLES, FL 34110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WHITE, KATHY 5672 STRAND COURT, #3 NAPLES, FL 34110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARISH, JIM 5672 STRAND COURT, #3 NAPLES, FL 34110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GODE, LARRY J. 3825 BECK BLVD. #721 NAPLES, FL 34114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WHITE, KATHY 3825 BECK BLVD #721 NAPLES, FL 34114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARISH, JIM 3825 BECK BLVD #721 NAPLES, FL 34114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/07