2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002103

FILED Jul 12, 2007 Secretary of State

Entity Name: COMMERCIAL PARK SQUARE CONDOMINIUM ASSOCIATION, INC.

Current P	rincipal Place of Business:	New Principal Place	e of Business:
	T STREET S, FL 33901	7863 DREW CIRCLE UNIT #1 FT MYERS, FL 3396	
Current M	ailing Address:	New Mailing Addres	
		_	
PO BOX 6 FT MYERS	0657 3, FL 33906	7863 DREW CIRCLE UNIT #1 FT MYERS, FL 3396	
n accordan	ce with s. 607.193(2)(b), F.S., the corporation did not receiv	<u>-</u>	Certificate of Status Desired ()
lame and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:
2248 FIRS FT MYERS	T, RICHARD W T STREET S, FL 33901 US named entity submits this statement for the purpose	e of changing its registere	ed office or registered agent, or both,
	e of Florida.		
n the State			
	RE:		Data
n the State	RE: Electronic Signature of Registered Agent		Date
n the State	RE:	ADDITIONS/CHANG	Date SES TO OFFICERS AND DIRECTO
n the State BIGNATUF DFFICERS ittle: lame: .ddress:	RE: Electronic Signature of Registered Agent	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	
n the State SIGNATUR DFFICERS itle: lame: ddress: city-St-Zip: itle: lame: ddress:	RE: Electronic Signature of Registered Agent S AND DIRECTORS: DP () Delete ROGERS, MARK S 27150 MORA RD	Title: Name: Address:	ES TO OFFICERS AND DIRECTO
n the State	Electronic Signature of Registered Agent S AND DIRECTORS: DP () Delete ROGERS, MARK S 27150 MORA RD BONITA SPRINGS, FL 34135 DT () Delete ROGERS, KATHY 27150 MORA RD	Title: Name: Address: City-St-Zip: Title: Name: Address:	ES TO OFFICERS AND DIRECTO

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: MARK ROGERS DP 07/12/2007