

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002214

FILED  
Jan 15, 2008  
Secretary of State

**Entity Name:** LA PUNTA PARK CENTER COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

P O BOX 511305  
PUNTA GORDA, FL 339511305

**New Principal Place of Business:**

245 BOCA GRANDE AVENUE  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

P O BOX 511305  
PUNTA GORDA, FL 339511305

**New Mailing Address:**

**FEI Number:** 20-4710544      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FILEMAN, ARIANA R  
1107 W MARION AVE  
STE 112  
PUNTA GORDA, FL 33950 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: PD ( ) Delete  
Name: MCQUEEN, JOHN H  
Address: P O BOX 511305  
City-St-Zip: PUNTA GORDA, FL 339511305

Title: VPSD ( ) Delete  
Name: MCQUEEN, ROBERT N  
Address: 1625 W MARION AVE - STE 6  
City-St-Zip: PUNTA GORDA, FL 33950

Title: TD ( ) Delete  
Name: MCQUEEN, PAULA F  
Address: 1625 W MARION AVE - STE 6  
City-St-Zip: PUNTA GORDA, FL 33950

**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: JOHN MCQUEEN

MR

01/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date