

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90058 046 ****61.25

DOCUMENT # N06000002915

1. Entity Name
**GERONIMO COMMERCE PARK CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**80 S. GERONIMO STREET
MIRAMAR BEACH, FL 32550**

Mailing Address
**80 S. GERONIMO STREET
MIRAMAR BEACH, FL 32550**

40048101



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

5170 Sanderlin Ave. #201

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 201

02192007

Chg-NP

CR2E037 (12/06)

City & State

City & State

Memphis, TN 38117

4. FEI Number

20-8471446

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCNEESE, RICHARD S ESQ.
36468 EMERALD COAST PARKWAY
SUITE 1201
DESTIN, FL 32541**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
**VSTD
OLSON, RICHARD
4300 LEGENDARY DR #204
DESTIN, FL 32541** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SCHAFFLER, THOMAS F
5170 SANDERLIN AVENUE #201
MEMPHIS, TN 38117** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-07

901-763-0160

Date

Daytime Phone #