
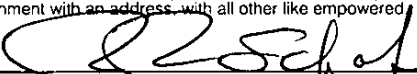


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90018 026 \*\*\*\*61.25

<b>DOCUMENT # N06000002915</b>					
1. Entity Name GERONIMO COMMERCE PARK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 80 S. GERONIMO STREET MIRAMAR BEACH, FL 32550			Mailing Address 5170 SAUDERIN AVE #201 MIRAMAR BEACH, FL 32550		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 5170 Sanderlin Ave.		
Suite, Apt. #, etc.			Suite, Apt. #, etc. #201		
City & State			City & State Memphis, TN 38117		
Zip	Country	Zip	Country	4. FEI Number 20-8471446	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCNEESE, RICHARD S ESQ. 36468 EMERALD COAST PARKWAY SUITE 1201 DESTIN, FL 32541				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VSTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OLSON, RICHARD		NAME		
STREET ADDRESS	4300 LEGENDARY DR #204		STREET ADDRESS		
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHAFFLER, THOMAS F		NAME		
STREET ADDRESS	5170 SANDERLIN AVENUE #201		STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS, TN 38117		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			3-14-08 901-763-0160		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40046951



03132008 Chg-NP CR2E037 (12/06)