2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# N06000003523

Entity Name: UNIT #3 AT PAGE FIELD PLAZA COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10970 SOUTH CLEVELAND AVENUE SUITE 303
FORT MYERS, FL 33907

New Principal Place of Business:

10970 SOUTH CLEVELAND AVENUE
SUITE 303
FORT MYERS, FL 33907

Current Mailing Address:

10970 SOUTH CLEVELAND AVENUE SUITE 303
FORT MYERS, FL 33907

New Mailing Address:

10970 SOUTH CLEVELAND AVENUE
SUITE 303
FORT MYERS, FL 33907

FEI Number: 20-5067988 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEENE, WILLIAM T
10 GEORGE TOWN
FORT MYERS, FL 33919 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: D ( ) Delete
Name: KEENE, WILLIAM T
Address: 10 GEORGE TOWN
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Delete
Name: PERRY, PHILLIP J
Address: 10970 SOUTH CLEVELAND AVE
City-St-Zip: FORT MYERS, FL 33907

Title: D ( ) Delete
Name: ARCHER, KENNETH
Address: 110 PLACID DRIVE
City-St-Zip: FORT MYERS, FL 33919

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: WILLIAM T KEENE DIR 01/26/2009

Electronic Signature of Signing Officer or Director — Date