

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008651

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** DANIELS CENTER III OFFICE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8961 DANIELS CENTER DRIVE,  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

15880 SUMMERLIN RD. #300 - 390  
FORT MYERS, FL 33908

**New Mailing Address:**

8890 SALROSE LANE #200  
FORT MYERS, FL 33912

**FEI Number:** 20-8145933

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEPITONE, THOMAS F  
15880 SUMMERLIN RD, #300 - 390  
FORT MYERS, FL 33908 US

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

PEPITONE, THOMAS F  
8890 SALROSE LANE #200  
FORT MYERS, FL 33912 US

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: THOMAS PEPITONE

04/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: OLSON, KEITH  
Address: 15880 SUMMERLIN RD, #300 - 390  
City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete  
Name: CAUCEGLIA, JULIAN  
Address: 15880 SUMMERLIN RD, #300 - 390  
City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete  
Name: CAUCEGLIA, IVETTE  
Address: 15880 SUMMERLIN RD, #300 - 390  
City-St-Zip: FORT MYERS, FL 33908

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DVP (X) Change ( ) Addition  
Name: OLSON, KEITH DVP  
Address: 8890 SALROSE LANE #200  
City-St-Zip: FORT MYERS, FL 33912

Title: DP (X) Change ( ) Addition  
Name: CAUCEGLIA, JULIAN DP  
Address: 8890 SALROSE LANE #200  
City-St-Zip: FORT MYERS, FL 33912

Title: DST (X) Change ( ) Addition  
Name: CAUCEGLIA, IVETTE DST  
Address: 8890 SALROSE LANE #200  
City-St-Zip: FORT MYERS, FL 33912

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: THOMAS PEPITONE

MGR

04/28/2009

Electronic Signature of Signing Officer or Director

Date