

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000008651

**FILED**  
**Feb 23, 2012**  
**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:**

8890 SALROSE LANE #200  
FORT MYERS, FL 33912

**New Mailing Address:**

**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  
8890 SALROSE LANE #200  
FORT MYERS, FL 33912 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:** DVP  
**Name:** OLSON, KEITH DVP  
**Address:** 8890 SALROSE LANE #200  
**City-St-Zip:** FORT MYERS, FL 33912

**Title:** DP  
**Name:** CAUCEGLIA, JULIAN DP  
**Address:** 8961 SALROSE LANE #403  
**City-St-Zip:** FORT MYERS, FL 33912

**Title:** DST  
**Name:** CAUCEGLIA, IVETTE DST  
**Address:** 8961 SALROSE LANE #403  
**City-St-Zip:** FORT MYERS, FL 33912

I hereby 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 all other like empowered.

**SIGNATURE:** THOMAS PEPITONE

MGR

02/23/2012

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

\_\_\_\_\_  
Date