


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90390 015 ****61.25

DOCUMENT # N06000009628					
1. Entity Name ANDULUSIA COMMERCIAL CONDOMINIUM ONE ASSOCIATION, INC.					
Principal Place of Business 1010 NE 8TH ST. CAPE CORAL, FL 33909			Mailing Address 7051 CYPRESS TERRACE 110 FORT MYERS, FL 33907		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/o Rossman Assoc. Mgmt.		Suite, Apt. #, etc. 1104 SE 46th Lane #2	
Suite, Apt. #, etc. City & State Zip		Suite, Apt. #, etc. City & State Zip		04192008 Chg-NP CR2E037 (12/06) 4. FEI Number 20-5519905	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DALESSANDRO & WOODYARD PROPERTY MANAGEMENT 7051 CYPRESS TERRACE 110 FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name: Michelle Rossman Street Address: c/o Rossman Assoc. Mgmt. 1104 SE 46th Lane #2 City: Cape Coral FL Zip Code: 33904		
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: <u>Michelle Rossman</u> DATE: <u>4/19/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	DP FREDRICKSON, MARK 7051 CYPRESS TERRACE 110 FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, D Robert Sommer 4580 Raydag Dr. N. Ft. Myers, FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STILWELL, GEOFF 7051 CYPRESS TERRACE 110 FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Dale Lynch 607 N. 4th St. West Branch, IA 52358	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PEPITONE, TOM 7051 CYPRESS TERRACE 110 FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD William Sommer 12620 Artuckle N. Ft. Myers, FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Robert Sommer</u> <u>Robert Sommer</u> <u>4/19/08</u> <u>239-443-1091</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					