2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N06000012066 1. Entity Namo

THE FT. MYERS COMMERCE PARK CONDOMINIUM

ASSOCIATION, INC. Principal Place of Business Mailing Address



FILED Jun 13, 2007 8:00 am Secretary of State

06-13-2007 90004 026 ****61.25

240 N. WASHINGTON BLVD. 240 N. WASHINGTON BLVD. SUITE 420 SUITE 420 SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2480 Fruituille Rost 1st MOORE CR2E037 (10/06) ३७० रेह City & State 4. FEI Number Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JORDAN, NICHOLAS 240 N. WASHINGTON BLVD. **SUITE 420** SARASOTA FL 34236 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 111112 PD ☐ Delete HILE Change ■ Addition NAME JODHAN, NICHOLAS 2480 Fruitville Roed Steb STREET ADDRESS 240 N. WASHINGTON BLVD. SUITE 420 STREET ADDRESS Serenda FL 34237 CHY-S1-7P SARASOTA FL 34236 CHY ST ZIP M Delete TITLE BILLE Change Addition FEDDER, JOEL NAM STREET ADDRESS 3590 MISTLETOE LANE STREET ADDRESS CHY-ST-7IP LONGBOAT KEY FL 34228 CHY ST ZIE THILF Delete Change Addition NAME MILLER, DANIEL S STREET ADDRESS 1605 MAIN STREET, SUITE 1100 STREET ADDRESS CHY-SI-ZIP CHY-ST 7P SARASOTA FL 34236 HILE ☐ Defete HILE ☐ Change Addilion NAME NAMI STREET ADDRESS STREET ADDRESS CITY - S1- ZIP CHY ST 7P Delete TITLE 11111 ☐ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST ZIP CHY-ST 7IP DHE Delete 11111 Change ☐ Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY ST ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 logal 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 the empowered.

SIGNATURE:

ب SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR