

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90052 006 \*\*\*\*61.25

<b>DOCUMENT # N06000012285</b> 1. Entity Name <b>WESTVIEW COMMERCIAL PARK CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>1164 GOODLETTE RD. NORTH NAPLES, FL 34102</b>		Mailing Address <b>1164 GOODLETTE RD. NORTH NAPLES, FL 34102</b>	
2. Principal Place of Business - No P.O. Box # <b>3440, 3450 Westview Dr</b>		3. Mailing Address <b>P.O. Box 12285</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Naples, FL</b>		City & State <b>Naples, FL</b>	
Zip <b>34104</b>		Zip <b>34101</b>	
Country 		Country 	
4. FEI Number <b>20-8612999</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WOODWARD, MARK J 3200 TAMiami TRAIL NORTH, SUITE 200 NAPLES, FL 34103</b>		7. Name and Address of New Registered Agent Name <b>Colonial Square Realty</b> Street Address (P.O. Box Number is not Acceptable) <b>1048 Goodlette Rd., Suite 201</b> City <b>Naples</b> <b>FL</b> Zip <b>34102</b>	
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 <small>(Signer's typed or printed name of registered agent and title if applicable)</small>		<b>Clifford Olson</b> <small>(NOTE: Registered Agent signature required when reappointing)</small>	
Filing Fee is <b>\$81.25</b> Due by <b>May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD OLSON, CLIFFORD A 1164 GOODLETTE RD. NORTH NAPLES, FL 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BACHMAN, JACK J 1164 GOODLETTE RD. NORTH NAPLES, FL 34102	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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>Clifford Olson</b> <small>Date</small>	
		<b>4/7/08</b> <small>Daytime Phone #</small>	