
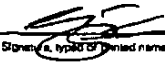



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N06000012285			
1. Entity Name WESTVIEW COMMERCIAL PARK CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1164 GOODLETTE RD. NORTH NAPLES, FL 34102		Mailing Address 1164 GOODLETTE RD. NORTH NAPLES, FL 34102	
2. Principal Place of Business - No P.O. Box # 3440, 3450 Westview Dr		3. Mailing Address P.O. Box 12008	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Naples, FL		City & State Naples, FL	
Zip 34104		Zip 34101	
Country		Country	
4. FEI Number 20-8612999		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOODWARD, MARK J 3200 TAMiami TRAIL NORTH, SUITE 200 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name: Colonial Square Realty Street Address (P.O. Box Number is not acceptable): 1048 Goodlette Rd., Suite 201 City: Naples FL Zip: 34102	
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: 		Clifford Olson 4/7/08	
Signed (a typed or printed name of registered agent and title if applicable)		(NOTE: Registered Agent signature required when re-registering)	
Filing Fee is \$81.25 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	PTD OLSON, CLIFFORD A 1164 GOODLETTE RD. NORTH NAPLES, FL 34102 <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	S BACHMAN, JACK J 1164 GOODLETTE RD. NORTH NAPLES, FL 34102 <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 checked="" type="checkbox"/> Addition D Threlkeld Tommy 431 Ridge Drive Naples FL 34108
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: 		Clifford Olson 4/7/08 239-261 2627	
Signed (a typed or printed name of signing officer or director)		Date Daytime Phone #	