

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012285

FILED
Mar 25, 2009
Secretary of State

Entity Name: WESTVIEW COMMERCIAL PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3440, 3450 WESTVIEW DR.
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

PO BOX 10608
NAPLES, FL 34101

New Mailing Address:

C/O COLONIAL SQUARE REALTY, INC.
P.O. BOX 10608
NAPLES, FL 34101

FEI Number: 20-8612999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLONIAL SQUARE REALTY
1045 GOODLETTE RD. STE. 201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

COLONIAL SQUARE REALTY
1048 GOODLETTE RD. STE. 201
NAPLES, FL 34102 US

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: CLIFFORD OLSON

03/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: OLSON, CLIFFORD A
Address: 1164 GOODLETTE RD. NORTH
City-St-Zip: NAPLES, FL 34102

Title: S () Delete
Name: BACHMAN, JACK J
Address: 1164 GOODLETTE RD. NORTH
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: THRELKELD, TOMMY
Address: 421 RIDGE DRIVE
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: OLSON, CLIFFORD A
Address: 1048 GOODLETTE RD., SUITE 201
City-St-Zip: NAPLES, FL 34102

Title: S (X) Change () Addition
Name: BACHMAN, JACK J
Address: 1048 GOODLETTE RD., SUITE 201
City-St-Zip: NAPLES, FL 34102

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CLIFFORD OLSON

PTD

03/25/2009

Electronic Signature of Signing Officer or Director

Date