## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000012354

FILED Apr 30, 2007 Secretary of State

Entity Name: ANDULUSIA COMMERCIAL CONDOMINIUM TWO ASSOCIATION, INC.

**Current Principal Place of Business:** 

% D'ALESSANDRO & WOODARD PROPERTY MANAGEME

7800 UNIVERSITY POINTE DR, SUITE 100

FORT MYERS, FL 33907

**New Principal Place of Business:** 

1009 NE 8TH ST. CAPE CORAL, FL 33909

**New Mailing Address: Current Mailing Address:** 

% D'ALESSANDRO & WOODARD PROPERTY MANAGEME

7800 UNIVERSITY POINTE DR, SUITE 100

FORT MYERS, FL 33907

7051 CYPRESS TERRACE #110

FORT MYERS, FL 33907

FEI Number: 20-8250407 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

R&A AGENTS, INC D'ALESSANDRO & WOODYARD % STEVEN I. WINER 7051 CYPRESS TERRACE #110

2320 FIRST STREET, SUITE 1000

FORT MYERS, FL 33901 US FORT MYERS, FL 33907 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: D'ALESSANDRO & WOODYARD 04/30/2007

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

FREDERICKSON, MARK FREDERICKSON, MARK Name: Name:

% 7800 UNIVERSITY POINTE DR. SUITE 100 Address: 7051 CYPRESS TERRACE #110 Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33907

Title: VD () Delete Title: (X) Change ( ) Addition

STILWELL, GEOFF Name: STILWELL, GEOFF Name:

Address: % 7800 UNIVERSITY POINTE DR. SUITE 100 Address: 7051 CYPRESS TERRACE #110 City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33907

Title: STD () Delete Title: (X) Change ( ) Addition PEPITONE, TOM PEPITONE, TOM Name: Name:

% 7800 UNIVERSITY POINTE DR. SUITE 100 7051 CYPRESS TERRACE #110 Address: Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33907

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: THOMAS F PEPIONE STD 04/30/2007

Electronic Signature of Signing Officer or Director

Date