2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2008
Secretary of State

DOCUMENT# N07000001495

Entity Name: VERONICA COMMERCE PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4301 VERONICA SHOEMAKER BLVD
FT MYERS, FL 33916

New Principal Place of Business:

14706 OSPREY POINT DRIVE
FT MYERS, FL 33908

Current Mailing Address:

4301 VERONICA SHOEMAKER BLVD
FT MYERS, FL 33916

New Mailing Address:

14706 OSPREY POINT DRIVE
FT MYERS, FL 33908

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PFLUGNER, J. GEOFFREY
8470 ENTERPRISE CICLE STE 201
LAKEWOOD RANCH, FL FL34202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JOHNSTON, ROBERT
Address: 14706 OSPREY POINT DRIVE
City-St-Zip: FT MYERS, FL 33908

Title: D ( ) Delete
Name: QUATTRONE, AL
Address: 11000 METRO PKWY
City-St-Zip: FT MYERS, FL 33912

Title: D ( ) Delete
Name: JOHNSTON, TERESA
Address: 14706 OSPREY POINT DRIVE
City-St-Zip: FT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ROBERT JOHNSTON D 08/30/2008

Electronic Signature of Signing Officer or Director — Date