

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009991

FILED
Mar 17, 2008
Secretary of State

Entity Name: COOPER STREET COMMERCE PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3500 MONDOVI COURT, 722
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 511715
PUNTA GORDA, FL 339511715

New Mailing Address:

C/O JACK O. HACKETT II
99 NESBIT STREET
PUNTA GORDA, FL 33950

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARLICK, THOMAS B ESQ
5551 RIDGEWOOD DRIVE, SUITE 101
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

HACKETT II, JACK O ESQ
FARR LAW FIRM
99 NESBIT STREET
PUNTA GORDA, FL 33950 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: JACK O. HACKETT II

03/17/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SHAVE, TIMOTHY L
Address: 2995 41ST STREET, NW
City-St-Zip: NAPLES, FL 34116

Title: DVT () Delete
Name: VIGLIOTTI, ROBERT
Address: P.O. BOX 111236
City-St-Zip: NAPLES, FL 34108

Title: DS () Delete
Name: HOWELL, BRIAN
Address: 2960A IMMOKALEE ROAD
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SHAVE, TIMOTHY L
Address: P.O. BOX 511715
City-St-Zip: PUNTA GORDA, FL 339511715

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: TIMOTHY L. SHAVE

P

03/17/2008

Electronic Signature of Signing Officer or Director

Date