2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009991

FILED Jan 20, 2009 Secretary of State

Entity Nar	me: COOPER	STREET COMMERCE PARK	K CONDC	MINIUM ASSOCIATION	I, INC.	
Current Principal Place of Business:				New Principal Place of Business:		
3500 MONDOVI COURT, 722 PUNTA GORDA, FL 33950				3130 - 3132 COOPER STREET PUNTA GORDA, FL 33950		
Current Mailing Address:				New Mailing Address:		
C/O JACK O. HACKETT II 99 NESBIT STREET PUNTA GORDA, FL 33950				8890 SALROSE LANE SUITE 204 FT. MYERS, FL 33912	2	
FEI Number:	26-1639359	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				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				REMAX EDGE C/O BOBACK COMMERCIAL GROUP 8890 SALROSE LANE SUITE 204 FT. MYERS, FL 33912 US		
	e of Florida.	submits this statement for the	purpose o	r changing its registered	Tollice of registered agent, or both,	
SIGNATURE: DENNIS BOBACK					01/20/2009	
	Electror	nic Signature of Registered Ag	jent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SHAVE, TIMOT P.O. BOX 5117			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVT (VIGLIOTTI, RO P.O. BOX 1112 NAPLES, FL 3	36		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS () HOWELL, BRIA 2960A IMMOKA NAPLES, FL 3	ALEE ROAD		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: DENNIS BOBACK RA 01/20/2009