

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011818

FILED
May 01, 2009
Secretary of State

Entity Name: ALICO COMMONS ASSOCIATION, INC.

Current Principal Place of Business:

C/O PELICAN BAY DEVELOPMENT INC
26381 SOUTH TAMIAMI TRAIL SUITE 300
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

C/O PELICAN BAY DEVELOPMENT INC
26381 SOUTH TAMIAMI TRAIL SUITE 300
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 26-2495653 FEI Number Applied For () FEI Number Not Applicable () 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:

Name and Address of New Registered Agent:

SCHWINN, CHRISTINA H ESQ
PAVESE LAW FIRM
1833 HENDRY ST
FORT MYERS, FL 33901 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIMMONS, MARK
Address: 26381 SOUTH TAMIAMI TRAIL SUITE 300
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD () Delete
Name: STECK, MARGARET
Address: 26381 SOUTH TAMIAMI TRAIL SUITE 300
City-St-Zip: BONITA SPRINGS, FL 34134

Title: STD () Delete
Name: OPPENHEIM, JOEL
Address: 26381 SOUTH TAMIAMI TRAIL SUITE 300
City-St-Zip: BONITA SPRINGS, FL 34134

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: MARK SIMMONS

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date