

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003684

FILED  
Sep 17, 2010  
Secretary of State

**Entity Name:** THE SHOPPES AT SAN CARLOS GROVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

422 SW 2ND TERR., SUITE 105  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

568 9TH ST S.  
SUITE 137  
NAPLES, FL 34102

**Current Mailing Address:**

422 SW 2ND TERR., SUITE 105  
CAPE CORAL, FL 33991

**New Mailing Address:**

568 9TH ST S.  
SUITE 137  
NAPLES, FL 34102

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOODLETTE, COLEMAN, JOHNSON, YOVANOVICH  
4001 TAMiami TRAIL NORTH, SUITE 300  
NAPLES, FL 34103 US

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

BURKE, NORMAN  
568 9TH ST S.  
SUITE 137  
NAPLES, FL 34102 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: NORMAN BURKE

09/17/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BURKE, NORMAN C  
Address: 568 9TH ST S, SUITE 137  
City-St-Zip: NAPLES, FL 34102

Title: VPD  
Name: ALLEN, JAMES D JR.  
Address: 568 9TH ST S, SUITE 137  
City-St-Zip: NAPLES, FL 34102

Title: STD  
Name: CLARK, MARVIN  
Address: 568 9TH ST S, SUITE 137  
City-St-Zip: NAPLES, FL 34102

I hereby 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 all other like empowered.

SIGNATURE: NORMAN C. BURKE

PD

09/17/2010

Electronic Signature of Signing Officer or Director

Date