

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90026 024 ****61.25

DOCUMENT # N21306

1. Entity Name
THE COMMONS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**% JOHN A WANKLYN
1100 5TH AVE SOUTH SUITE 201
NAPLES, FL 34102 US**

Mailing Address
**% JOHN A WANKLYN
1100 5TH AVE SOUTH SUITE 201
NAPLES, FL 34102 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052004

Chg-NP

CR2E037 (10/03)

4. FEI Number

65-0315208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WANKLYN, JOHN A
1100 5TH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
WANKLYN, JOHN A
1100 5TH AVE SOUTH SUITE 201
NAPLES, FL 34102** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
WANKLYN, JOHN
1100 5TH AVENUE SO. #201
NAPLES, FL 34102** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AST
RUSSELL, LEE M
3584 EXCHANGE AVENUE B
NAPLES, FL 34104** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
JACK, CONROY
3201 TAMiami TRAIL NORTH
NAPLES, FL 34103** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
DEVILLE, ROBERTA
1100 5TH AVE SO. #201
NAPLES, FL 34102** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE:

John A. Wanklyn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-04

Date

239-649-5445

Daytime Phone #