

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N22821 1. Entity Name UNIVERSITY PARK OF COMMERCE OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 15051 S. TAMiami TRAIL SUITE 203 FORT MYERS, FL 33908	Mailing Address 15051 S. TAMiami TRAIL SUITE 203 FORT MYERS, FL 33908
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02142006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0205660	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent THOMPSON, STEPHEN 1205 MANATEE AVENUE WEST BRADENTON, FL 34205
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and true if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO ADKINS, EDWARD D 15051 S. TAMiami TRAIL, #203 FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRITY, PAUL G 15051 S. TAMiami TRAIL, #203 FORT MYERS, FL 33908
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03/07/06-80026-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____