


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90074 026 \*\*\*\*61.25

<b>DOCUMENT # N22821</b> 1. Entity Name <b>UNIVERSITY PARK OF COMMERCE OWNERS' ASSOCIATION, INC.</b>	
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Principal Place of Business <b>15051 S. TAMIAMI TRAIL SUITE 203 FORT MYERS, FL 33908</b>	Mailing Address <b>15051 S. TAMIAMI TRAIL SUITE 203 FORT MYERS, FL 33908</b>
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03072008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

**THOMPSON, STEPHEN  
1205 MANATEE AVENUE WEST  
BRADENTON, FL 34205**

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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

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>ADKINS, EDWARD D 15051 S. TAMIAMI TRAIL, #203 FORT MYERS, FL 33908</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>BECKSTEIN, EUGENE 670 TALLEVAST ROAD SARASOTA, FL 34243</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>WINDEMULLER, EDWARD 7504 PENNSYLVANIA AVE SARASOTA, FL 34243</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:**  **3/31/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #