

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35605

FILED
Apr 20, 2007
Secretary of State

Entity Name: COLLIER PARK OF COMMERCE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

265 AIRPORT RD S
NAPLES, FL 34104

New Principal Place of Business:

C/O R & P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104

Current Mailing Address:

C/O R&P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104

New Mailing Address:

FEI Number: 65-0164995 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

R&P PROPERTY MANAGEMENT
265 AIRPORT RD S
SUITE 350
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

R&P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104 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: GLENN CARROLL

04/20/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LUND, THOMAS C SR
Address: 4001 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34103

Title: VPD () Delete
Name: KASTENHOLZ, MARKUS
Address: 4001 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34103

Title: SD () Delete
Name: LUND, THOMAS C
Address: 4001 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34103

Title: ASD (X) Delete
Name: SIMS, MIKE
Address: 4001 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34103

Title: T (X) Delete
Name: LUND, THOMAS C
Address: 4001 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LUND, CHAD
Address: 4001 TAMIAMI TRAIL NO. #350
City-St-Zip: NAPLES, FL 34103

Title: VPD (X) Change () Addition
Name: LUND, THOMAS
Address: 4001 TAMIAMI TRAIL NO. #350
City-St-Zip: NAPLES, FL 34103

Title: STD (X) Change () Addition
Name: STORY, JACK
Address: 4001 TAMIAMI TRAIL NO. #350
City-St-Zip: NAPLES, FL 34103

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 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: GLENN CARROLL

PRES

04/20/2007

Electronic Signature of Signing Officer or Director

Date