

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N37432 (4)

1. Corporation Name

CENTRAL METROPOLITAN COMMERCIAL CENTER OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% MARTIN E. DOLENCE, JR.  
6213 PRESIDENTIAL CT SUITE A  
FT MYERS FL 33919  
US

% MARTIN DOLENCE JR.  
6213 PRESIDENTIAL CT SUITE A  
FT MYERS FL 33919

3. Date Incorporated or Qualified

03/29/1990

3a. Date of Last Report

04/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0301128

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☒

No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOLENCE, MARTIN E. JR.  
6213 PRESIDENTIAL COURT, SUITE A  
STE A104  
FT. MYERS FL 33919

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE

NAME COOK, THOMAS L.  
STREET ADDRESS 2700 EVANS AVE S3  
CITY-ST-ZIP FT MYERS FL

1.1 TITLE ☐ Change ☐ Addition

TITLE DST ☐ DELETE

NAME NEESE, EDWARD D.  
STREET ADDRESS 12661 METRO PARKWAY  
CITY-ST-ZIP FT. MYERS FL

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME YOUNGQUIST, HARVEY  
STREET ADDRESS 3700 HARBORAGE DR  
CITY-ST-ZIP FT. MYERS FL

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-94 941-337-1339

CR2E037 (12/95)