

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N46324

FILED
Apr 20, 2007
Secretary of State

Entity Name: CHARLOTTE COMMERCIAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

18380 PAULSON DR
PORT CHARLOTTE, FL 33948 US

New Principal Place of Business:

18380 PAULSON DR
PORT CHARLOTTE, FL 33954 US

Current Mailing Address:

18380 PAULSON DR
PORT CHARLOTTE, FL 33948 US

New Mailing Address:

18380 PAULSON DR
PORT CHARLOTTE, FL 33954 US

FEI Number: 65-0349346 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COCCARO, PETER J JR
27340 EGRET PLACE
PUNTA GORDA, FL 33983 US

Name and Address of New Registered Agent:

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: PETER J COCCARO, JR

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COCCARO, PETER J
Address: 27340 EGRET PLACE
City-St-Zip: PUNTA GORDA, FL 33983

Title: D () Delete
Name: NASKALE-PEREIRA, ANGELA B
Address: 4380 INVERNESS ST.
City-St-Zip: NORTH PORT, FL 34288

Title: D () Delete
Name: KERN, PAMELA
Address: 2394 SANTEE ST.
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PETER J. COCCARO, JR

D

04/20/2007

Electronic Signature of Signing Officer or Director

Date