

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 # **N95000005599 (4)**

1. Corporation Name

951 COMMERCE CENTER PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3936 TAMiami TRAIL NORTH
SUITE B
NAPLES FL 33940

3936 TAMiami TRAIL NORTH
SUITE B
NAPLES FL 33940

3. Date Incorporated or Qualified
11/22/1995

3a. Date of Last Report

INITIAL REPORT

2. Principal Place of Business

2a. Mailing Address

21 **5791 CYPRESS HOLLOW WAY**

26 **5791 CYPRESS HOLLOW WAY**

4. FEI Number

Applied For
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 **NAPLES FL**

28 **NAPLES FL**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip Country

25 **33942 USA**

Zip Country

29 **33942 USA**

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

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, MICHAEL S
3936 TAMiami TRAIL NORTH
SUITE B
NAPLES FL 33940

81 Name

WILLIAM J. O'CONNOR

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

5791 CYPRESS HOLLOW WAY

83

84 City

NAPLES

FL

85 Zip Code

33942

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

William J. O'Connor

Signature typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/96

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOMAN, WALTER E | 1.2 NAME | |
| STREET ADDRESS | C/O AUTO-VEHICLE PARTS CO., 7 SPERLY DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | COVINGTON KY 41017 | 1.4 CITY-ST-ZIP | |
| TITLE | STD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | O'CONNOR, BILL | 2.2 NAME | |
| STREET ADDRESS | 4501 TAMiami TRAIL NORTH | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL 33940 | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VOGEL, RICHARD M | 3.2 NAME | |
| STREET ADDRESS | 3936 TAMiami TRAIL NORTH, STE. B | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL 33940 | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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14. I do hereby certify that the information supplied with 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: *William J. O'Connor*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 **941.262.0170**
Date Daytime Phone #

CR2E037 (12/95)