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Feb 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

5791 CYPRESS HOLLOW WAY
NAPLES FL 33942

5791 CYPRESS HOLLOW WAY
NAPLES FL 34109-5910

3. Date Incorporated or Qualified
11/22/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 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

O'CONNOR, WILLIAM J S
5791 CYPRESS HOLLOW WAY
NAPLES FL ~~33942~~ 34109

81 Name

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

83

84 City

FL 85 Zip Code
34109

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 PD
NAME HOMAN, WALTER E
STREET ADDRESS C/O AUTO-VEHICLE PARTS CO., 7 SPERLY DR.
CITY-ST-ZIP COVINGTON KY 41017

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS C/O AUTO VEHICLE PARTS CO., 7 SPERLY DR.
1.4 CITY-ST-ZIP
 Change Addition

TITLE STD
NAME O'CONNOR, BILL
STREET ADDRESS 4501 TAMiami TRAIL NORTH
CITY-ST-ZIP ~~NAPLES FL 33940~~

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP NAPLES FL 34103
 Change Addition

TITLE D
NAME VOGEL, RICHARD M
STREET ADDRESS 3936 TAMiami TRAIL NORTH, STE. B
CITY-ST-ZIP ~~NAPLES FL 33940~~

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP NAPLES FL 34103
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
 Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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
WILLIAM J. O'CONNOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97 94-262-0170
Date Daytime Phone # 0059607

CR2E037 (9/96)