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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000005599

1. Corporation Name

951 COMMERCE CENTER PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

5791 CYPRESS HOLLOW WAY  
NAPLES FL 34109  
US

Mailing Address

5791 CYPRESS HOLLOW WAY  
NAPLES FL 34109  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date incorporated or Qualified

11/22/1995

4. FEI Number

65-0668590

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE PD  DELETE  
NAME HOMAN, WALTER E  
STREET ADDRESS % AUTO VEHICLE PARTS CO., 7 SPERTI DR  
CITY-ST-ZIP COVINGTON KY 41017

TITLE STD  DELETE  
NAME O'CONNOR, BILL  
STREET ADDRESS 4501 TAMiami TRAIL NORTH  
CITY-ST-ZIP NAPLES FL 34103

TITLE D  DELETE  
NAME VOGEL, RICHARD M  
STREET ADDRESS 3936 TAMiami TRAIL NORTH, STE. B  
CITY-ST-ZIP NAPLES FL 34103

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  Change  Addition  
1.2 NAME RICK APPELQUIST  
1.3 STREET ADDRESS 258 SOUTHDALL LANE SUITE 130  
1.4 CITY-ST-ZIP MAITLAND FL 32751

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

3.1 TITLE VD  Change  Addition  
3.2 NAME ROBERT SMITH  
3.3 STREET ADDRESS 258 SOUTHDALL LANE SUITE 130  
3.4 CITY-ST-ZIP MAITLAND FL 32751

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

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

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

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/24/99 (407) 475-9888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)