

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90033 030 ****61.25

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03122007 Chg-NP CR2E037 (12/06)

DOCUMENT # N96000002493					
1. Entity Name SECTION 28 COMMERCIAL CENTER PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 27800 OLD 41 ROAD BONITA SPRINGS, FL 34135 US			Mailing Address 27800 OLD 41 ROAD BONITA SPRINGS, FL 34135 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3475007	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STERLINL PROPERTY SERVICES 27800 OLD 41 RD BONITA SPRINGS, FL 34135 <i>STERLING</i>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARKE, RICHARD		NAME	9200 ESTERO PARK COMMONS BLVD.	
STREET ADDRESS	8011 BRIGHTON LANE		STREET ADDRESS	SUITE 7	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP	ESTERO, FL 33928	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCINTYRE, ELLSWORTH		NAME		
STREET ADDRESS	6075 PELICAN BAY BLVD.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCMASTERS, KNOXS		NAME	D SCOTT LODGE	
STREET ADDRESS	PO BOX 3454		STREET ADDRESS	12810 TAMiami TRAIL NORTH	
CITY-ST-ZIP	FT MYERS, FL 33918		CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Alden K. Williams as agent</i>			Alden K. Williams 3/13/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

239 947-4552