

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 24, 2009**  
**Secretary of State**

DOCUMENT# N96000002493

**Entity Name:** SECTION 28 COMMERCIAL CENTER PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**27180 BAY LANDING DR  
STE 4  
BONITA SPRINGS, FL 34135 US**New Principal Place of Business:**14848 OLD US 41  
STE 13  
NAPLES, FL 34110 US**Current Mailing Address:**27180 BAY LANDING DR  
STE 4  
BONITA SPRINGS, FL 34135 US**New Mailing Address:**14848 OLD US 41  
STE 13  
NAPLES, FL 34110 US**FEI Number:** 65-0672237**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**O'GORMAN, JOHN  
27180 BAY LANDING AVE  
STE 4  
BONITA SPRINGS, FL 34135 US**Name and Address of New Registered Agent:**TRICE, BARRY  
14848 OLD US 41  
STE 13  
NAPLES, FL 34110 US

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: BARRY TRICE

09/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** DP ( ) Delete  
**Name:** VIZZI, MICHAEL  
**Address:** 8911 BRIGHTON LANE  
**City-St-Zip:** BONITA SPRINGS, FL 34135**Title:** DST ( ) Delete  
**Name:** MCINTYRE, ELLSWORTH  
**Address:** 6075 PELICAN BAY BLVD.  
**City-St-Zip:** NAPLES, FL 34108**Title:** DV ( ) Delete  
**Name:** ANKNEY, KAREN  
**Address:** 12810 TAMiami TRAIL NORTH  
**City-St-Zip:** NAPLES, FL 34110**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** DST (X) Change ( ) Addition  
**Name:** WALKER, JEREMY  
**Address:** 8971 BRIGHTON LANE  
**City-St-Zip:** BONITA SPRINGS, FL 34135**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL VIZZI

P

09/24/2009

Electronic Signature of Signing Officer or Director

Date