

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90077 009 *****61.25

DOCUMENT # N96000005926

1. Entity Name
THE STRAND COMMERCIAL ASSOCIATION, INC.



Principal Place of Business
**5645 STRAND BLVD
SUITE 3
NAPLES, FL 34110**

Mailing Address
**5672 Strand Court
Suite 1
Naples, FL 34110**

50015343



2. Principal Place of Business

**5672 Strand Court
Suite 1
Naples, FL 34110**

3. Mailing Address

Suite, Apt. #, etc.

City & State

01052005

Chg-NP

CR2E037 (10/03)

4. FEI Number

59-3427432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

USA

Zip

Country

6. Name and Address of Current Registered Agent

**SALVATORI, LEO J
4501 TAMiami TRAIL, NORTH
SUITE 300
NAPLES, FL 34103**

7. Name and Address of New Registered Agent

Name

SALVATORI, LEO J.

Street

4001 Tamiami Trail North

(State)

Suite 330

City

Naples, FL 34103

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GLOBETTI, JOHN**
STREET ADDRESS **5645 STRAND BLVD., STE 2**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **D** ☐ Delete
NAME **GILHART, JOHN**
STREET ADDRESS **5633 STRAND BLVD.**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **D** ☐ Delete
NAME **ADAMS, MIKE**
STREET ADDRESS **1023 FIFTH AVE NORTH**
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE **D** ☐ Delete
NAME **TRASK, KEN**
STREET ADDRESS **5633 STRAND BLVD**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/05 (239) 597-1120