
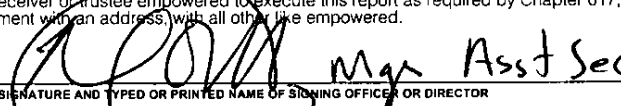


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90021 045 ****61.25

DOCUMENT # N96000005926 1. Entity Name THE STRAND COMMERCIAL ASSOCIATION, INC.					
Principal Place of Business 5672 STRAND BLVD SUITE 1 NAPLES, FL 34110			Mailing Address 5672 STRAND BLVD SUITE 1 NAPLES, FL 34110		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3427432	
Zip	Country	Zip	Country	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	
DORRILL, W NEIL 5672 STRAND CT STE ONE NAPLES, FL 34110				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLOBETTI, JOHN		NAME		
STREET ADDRESS	5645 STRAND BLVD., STE 2		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILHART, JOHN		NAME	President	
STREET ADDRESS	5633 STRAND BLVD.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, MIKE		NAME		
STREET ADDRESS	1023 FIFTH AVE NORTH		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRASK, KEN		NAME	Treasurer	
STREET ADDRESS	5633 STRAND BLVD		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Secretary	
STREET ADDRESS			STREET ADDRESS	Nick Schingio	
CITY-ST-ZIP			CITY-ST-ZIP	2167 Pinewood Cir NAPLES, FL 34105	
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: 			Date 4/28/8 Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					