


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000006653

1. Entity Name
GREYHOUND COMMERCE PARK PROPERTY OWNER'S ASSOCIATION, INC.



Principal Place of Business 2025 LAGUNA WAY NAPLES, FL 34109	Mailing Address 2025 LAGUNA WAY NAPLES, FL 34109
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01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3652807	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

CONROY, J. THOMAS III
 2210 VANDERBILT BEACH ROAD
 SUITE 1201
 NAPLES, FL 34109

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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 re-registering) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONROY, J. THOMAS III 2210 VANDERBILT BEACH ROAD SUITE 1201 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLA, DAVID 2025 LAGUNA WAY NAPLES, FL 34109
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 01/15/08-80018-017 61.25

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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: _____ **1/7/08** **2395926145**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #