

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90123 019 ***150.00

DOCUMENT # S33083

1. Entity Name
COMMONWEALTH PROPERTY ASSOCIATES, INC.



Principal Place of Business
**12370 NEW BRITTANY BLVD
SUITE 423
FT MYERS, FL 33907**

Mailing Address
**12370 NEW BRITTANY BLVD
SUITE 423
FT MYERS, FL 33907**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0244284	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LUMSDEN, DENNIS J.
6700 WINKLER RD
SUITE 1
FT MYERS, FL 33919**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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	P FRANCHI, DOMINIC A. 12370 NEW BRTNY BVD #423 FT MYERS, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V FRANCHI, DAVID A 12370 NEW BRTNY BVD 423 FT MYERS, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T FRANCHI, JOHN 12370 NEW BRTNY BVD 423 FT MYERS, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S FRANCHI, OLGA L 12370 NEW BRTNY BVD 423 FT MYERS, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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IN THIS SPACE**

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 607, 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: Olga L. Franchi Olga L. Franchi, Secr 1/30/07 617-332-7513

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #