2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S33083

1. Entity Name

COMMONWEALTH PROPERTY ASSOCIATES, INC.



Principal Place of Business

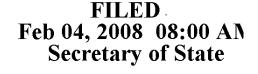
12370 NEW BRITTANY BLVD

SUITE 423 FT MYERS, FL 33907 Mailing Address

12370 NEW BRITTANY BLVD

SUITE 423

FT MYERS, FL 33907





DO NOT WRITE IN THIS SPACE

01072008 No Chg-P CR28

CR2E034 (11/05)

4. FE1 Number 65-0244284 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

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

			Maria Chile Landin			•
8. The above the obligat	named entity submits this statement for the plons of registered agent	urpose of changing its register	ed office or registered agent, or	both, in the State of Florid	la. I am familiar with, and accept	t
SIGNATURE_	·		p - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- t.)		
*** = =	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registere	d Agent signature required when reinstating	, , ,	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DIREC	TORS		Michael Millian State of the Control		1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P . FRANCHI, DOMINIC A. 12370 NEW BRTNY BVD #423 FT MYERS, FL					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRANCHI, OLGA L 12370 NEW BRTNY BVD 423 FT MYERS, FL		IN	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- ;					
TITLE NAME STREET ADDRESS CITY-ST-7IP	9	Les a 10 miles and				が大路が流

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Find the certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Find the 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OLGA L. FRANCHI

1-10-08

617-332-7513

Daytime Phone #