

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000012806

**Entity Name:** OLDE FLORIDA COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 07, 2023**  
**Secretary of State**  
**7048282706CC**

**Current Principal Place of Business:**

10175-2 SIX MILE CYPRESS PARKWAY  
FORT MYERS, FL 33966

**Current Mailing Address:**

10175-2 SIX MILE CYPRESS PARKWAY  
FORT MYERS, FL 33966

**FEI Number: 84-4241295**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DLF REGISTERED AGENT SERVICE, LLC  
10181 SIX MILE CYPRESS PARKWAY-SUITE C  
FORT MYERS, FL 33966 US

*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.*

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title D  
Name HAGEN, JAMES L  
Address 10175-2 SIX MILE CYPRESS PARKWAY  
City-State-Zip: FORT MYERS FL 33966

Title DIRECTOR  
Name SCOTT, MICHAEL A  
Address 10181 SIX MILE CYPRESS PARKWAY  
City-State-Zip: FORT MYERS FL 33966

Title D  
Name PALEN, HOWARD E  
Address 10175-2 SIX MILE CYPRESS PARKWAY  
City-State-Zip: FORT MYERS FL 33966

Title D  
Name DORCEY, JOSHUA O  
Address 10181 SIX MILE CYPRESS PARKWAY  
City-State-Zip: FORT MYERS FL 33966

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: JAMES L HAGEN

D

02/07/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date