

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90067 018 ****61.25

DOCUMENT # N17242

1. Entity Name

NAPLES PLAZA PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4099 TAMiami TRAIL N. #305
 NAPLES FL 34103

4099 TAMiami TRAIL N. #305
 NAPLES FL 34103-3548



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4100 Golden Gate Parkway

4100 Golden Gate Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples, FL

4. FEI Number

59-2814817

Applied For

Not Applicable

Zip

Country

34116

Collier

Zip

Country

34116

Collier

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIRONEN, JAMES R
 4099 TAMiami TRAIL, N.
 SUITE 305
 NAPLES FL 33940

Name

KEVIN M. DURKIN

Street Address (P.O. Box Number is Not Acceptable)

4100 Golden Gate Parkway

City

NAPLES

FL

Zip Code

34116

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.

SIGNATURE

Kevin M. Durkin

KEVIN M. DURKIN

3/9/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	COLOSIMO, JAMES R	
STREET ADDRESS	4099 TAMiami TRAIL N., STE. 305	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	D	<input type="checkbox"/> Delete
NAME	KARCHNER, MICHAEL	
STREET ADDRESS	5420 BAY CENTER DR., #202	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIRONEN, JAMES R	
STREET ADDRESS	4099 TAMiami TRAIL N., #305	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

James R. Hironen

JAMES R. HIRONEN

2/14/2000

961 - 262-3034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/93)