

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northair
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
95 APR 20 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N47854** (7)

1. Corporation Name
CRETAN ASSOCIATION OF NAPLES AND SOUTHWEST FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
26834 MCLAUGHLIN BLVD. S.W. BONTA SPRINGS FL 33923 **26834 MCLAUGHLIN BLVD. S.W. BONTA SPRINGS FL 33923**

3. Date Incorporated or Qualified **03/13/1992** 3a. Date of Last Report **03/01/1994**
4. FEI Number **65-0318232** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

5. Certificate of Status Desired **\$6.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
TSISKAKIS, KOSTAS
26834 MCLAUGHLIN BLVD. S.W.
BONTA SPRINGS FL 33923

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSISKAKIS, KOSTAS	1.2 NAME	
STREET ADDRESS	26834 MCLAUGHLIN BLVD SW	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONTA SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREOULAKIS, EFSTRATOS	2.2 NAME	
STREET ADDRESS	2395 NAPLES TRACE CIR #5	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREOULAKIS, CHRIS	3.2 NAME	
STREET ADDRESS	8061 18TH AVENUE N.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANUDAKIS, VICKI	4.2 NAME	TZOUGANAKIS HELEN
STREET ADDRESS	1309 NAPLES LAKE DRIVE	4.3 STREET ADDRESS	6180 22nd AVE NW
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	NAPLES FL 33942
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: **KOSTAS TSISKAKIS** Date: **4/15/95** **813 992 5526**