

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N47854** (7)
1. Corporation Name
CRETAN ASSOCIATION OF NAPLES AND SOUTHWEST FLORIDA, INC.



Principal Place of Business: 26834 MCLAUGHLIN BLVD. S.W. BONITA SPRINGS FL 33923
Mailing Address: 26834 MCLAUGHLIN BLVD. S.W. BONITA SPRINGS FL 33923

3. Date Incorporated or Qualified: 03/13/1992
3a. Date of Last Report: 04/20/1995
4. FEI Number: 65-0318232
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
TSISKAKIS, KOSTAS
26834 MCLAUGHLIN BLVD. S.W.
BONITA 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
85. Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSISKAKIS, KOSTAS	12 NAME	
STREET ADDRESS	26834 MCLAUGHLIN BLVD SW	13 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREOULAKIS, EFSTRATOS	22 NAME	
STREET ADDRESS	2395 NAPLES TRACE CIR #5	23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREOULAKIS, CHRIS	32 NAME	
STREET ADDRESS	6081 18TH AVENUE N.W.	33 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TZOUGANAKIS, HELEN	42 NAME	
STREET ADDRESS	6180 22ND AVE NW	43 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 119.07(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, if changed, or on an attachment with an address.

SIGNATURE: *Kostas Tsiskakis* TSISKAKIS KOSTAS 5/10/96 9925526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)