

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 OCT 23 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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

3. Date Incorporated or Qualified
03/13/1992
4. FEI Number
65-0318232
Applied For Not Applicable

2. Principal Place of Business
21 **ROSEWAY**
Suite, Apt. #, etc.
22 **NAPLES FL.**
City & State
23
24 Zip **34104**
25 Country **Collier**
26 **971 ROSEWAY**
Suite, Apt. #, etc.
27 **NAPLES FL**
City & State
28
29 Zip **34104**
30 Country **Collier**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

10. Name and Address of New Registered Agent
81 Name **EMANUEL PETRAKIS**
82 Street Address (P.O. Box Number is Not Acceptable)
971 ROSEWAY
83 **NAPLES FL 34104**
84 City **NAPLES** FL 85 Zip Code **34104**

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 *Emanuel Petrakis* **EMANUEL PETRAKIS** DATE **10-20-98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TSISKAKIS, KOSTAS	
STREET ADDRESS	26834 MCLAUGHLIN BLVD SW	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANDREOULAKIS, EFSTRATOS	
STREET ADDRESS	2395 NAPLES TRACE CIR #5	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ANDREOULAKIS, CHRIS	
STREET ADDRESS	6081 18TH AVENUE N.W.	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TZOUGANAKIS, HELEN	
STREET ADDRESS	6180 22ND AVE NW	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	EMANUEL PETRAKIS P.D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME		
1.3 STREET ADDRESS	971 ROSEWAY	
1.4 CITY-ST-ZIP	NAPLES FL. 34104	
2.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS	400002674924--8	
2.4 CITY-ST-ZIP	10/28/98 01086-015	
3.1 TITLE	TZOUGANAKIS CHRIS	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS	6081 18TH AVE N.W. TD	
3.4 CITY-ST-ZIP	NAPLES FL.	
4.1 TITLE	IRENE VOUTSIS S,D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS	1885 CORT WAY	
4.4 CITY-ST-ZIP	# A102 34112	
5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Emanuel Petrakis* **EMANUEL PETRAKIS** 9-30-98 6430956 6494660

CR2E037 (10/97)