

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 04, 2002 8:00 am
Secretary of State

05-29-2002 90714 018 ****61.25

DOCUMENT # N47854

1. Entity Name

CRETAN ASSOCIATION OF NAPLES AND SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

6081 18TH AVE. N.W.
 NAPLES FL 34119

6081 18TH AVE. N.W.
 NAPLES FL 34119

07627

2. Principal Place of Business

3. Mailing Address

26834 MC LAUGHLIN Blvd

26834 MC LAUGHLIN Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
BONITA SPRINGS FL

City & State
BONITA SPRINGS FL

4. FEI Number
65-0318232

Applied For
 Not Applicable

Zip
34134

Country
LEE

Zip
34134

Country
LEE

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

ANDREOULAKIS, CHRIS
 6081 18TH AVE. N.W.
 NAPLES FL 34119

Name
~~TSISKAKIS KONSTANTINE~~

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

26834 MC LAUGHLIN Blvd

City **BONITA SPRINGS FL** Zip Code **34134**

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 **TSISKAKIS KONSTANTINE** PRESIDENT **4/17/02**
(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 **PD** Delete
 NAME **ANDREOULAKIS, CHRIS**
 STREET ADDRESS **6081 18TH AVE. N.W.**
 CITY-ST-ZIP **NAPLES FL 34119**

TITLE **PRESIDENT/D** Change Addition
 NAME **TSISKAKIS KONSTANTINE**
 STREET ADDRESS **26834 MC LAUGHLIN Blvd D**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **VD** Delete
 NAME **MANTADAKIS, MARCOS**
 STREET ADDRESS **696 106TH AVE.**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **V P/D** Change Addition
 NAME **PETRAKIS MANNY**
 STREET ADDRESS **971 ROSEWAY D**
 CITY-ST-ZIP **NAPLES FL 34104**

TITLE **TD** Delete
 NAME **PETRAKIS, CLEOPATRA**
 STREET ADDRESS **971 ROSEWAY**
 CITY-ST-ZIP **NAPLES FL 34104**

TITLE **TD** Change Addition
 NAME **ANDREOULAKIS, LUCY**
 STREET ADDRESS **6081 18TH AVE NW D**
 CITY-ST-ZIP **NAPLES FL 34119**

TITLE **SD** Delete
 NAME **CHINTAKIS, NICK**
 STREET ADDRESS **3700 MERCHANTILE AVE.**
 CITY-ST-ZIP **NAPLES FL 34104**

TITLE **SD** Change Addition
 NAME **SPIROS MANTADAKIS**
 STREET ADDRESS **619 99TH AVE N D**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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 my address, with all other like empowered.

SIGNATURE **KONSTANTINE TSISKAKIS** President **4/16/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)