


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90244 020 ****61.25

DOCUMENT # N47854
 1. Entity Name
CRETAN ASSOCIATION OF NAPLES AND SOUTHWEST FLORIDA, INC.



Principal Place of Business Mailing Address
 26834 MCLAUGHLIN BLVD 26834 MCLAUGHLIN BLVD
 BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number Applied For
65-0318232 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KONSTANTING, TSISKAKIS
26834 MCLAUGHLIN BLVD
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	KONSTANTINE, TSISKAKIS	26834 MCLAUGHLIN BLVD	BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/> D
VD	PETRAKIS, MANNY	971 ROSEWAY	NAPLES FL 34104	<input checked="" type="checkbox"/>
TD	ANDREOULAKIS, LUCY	6081 18TH AVE NW	NAPLES FL 34119	<input checked="" type="checkbox"/>
SD	SPIROS, MANTADAKIS	619 99TH AVE N	NAPLES FL 34108	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VD	LAFHARIS ANDREAS	175 4TH ST. S.	NAPLES FL 34102	<input type="checkbox"/>	<input checked="" type="checkbox"/> D
TD	SPIROS MANTADAKIS	619 99th AVE N	NAPLES FL 34108	<input checked="" type="checkbox"/>	<input type="checkbox"/> D
SD	KOKOLAKIS MICHAEL	28440 WINTHROP CR	BONITA SPRINGS FL 34134	<input type="checkbox"/>	<input checked="" type="checkbox"/> D
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Konstantine Tsiskakis* **KONSTANTINE TSISKAKIS** 4/25/04 239 992 5526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #