

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47854

FILED  
Mar 07, 2005  
Secretary of State

**Entity Name:** CRETAN ASSOCIATION OF NAPLES AND SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

26834 MCLAUGHLIN BLVD  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

26834 MCLAUGHLIN BLVD  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

FEI Number: 65-0318232

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KONSTANTING, TSISKAKIS  
26834 MCLAUGHLIN BLVD  
BONITA SPRINGS, FL 34134 US

**Name and Address of New Registered Agent:**

KONSTANTINE, TSISKAKIS  
26834 MCLAUGHLIN BLVD  
BONITA SPRINGS, FL 34134 US

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: KONSTANTINE TSISKAKIS

03/07/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KONSTANTINE, TSISKAKIS  
Address: 26834 MCLAUGHLIN BLVD  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD ( ) Delete  
Name: ANDREAS, LAFHARIS  
Address: 175 4TH ST. S.  
City-St-Zip: NAPLES, FL 34109

Title: TD ( ) Delete  
Name: MANTADAKIS, SPIROS  
Address: 619 99TH AVE. N.  
City-St-Zip: NAPLES, FL 34108

Title: SD ( ) Delete  
Name: SPIROS, MANTADAKIS  
Address: 28440 WINTHROP CIR.  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: MICHAEL, KOKOLAKIS  
Address: 28440 WINTHROP CIR.  
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KONSTANTINE TSISKAKIS

PRES

03/07/2005

Electronic Signature of Signing Officer or Director

Date