

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47854

FILED
Apr 27, 2007
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:

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

Name and Address of New Registered Agent:

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: _____

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: MICHAEL, KOKOLAKIS
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: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: K TSISKAKIS

D

04/27/2007

Electronic Signature of Signing Officer or Director

_____ Date