

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47854

FILED
May 01, 2009
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: EMMANUEL, KOPIDAKIS
Address: 4251 GOLFSHORE BLVD
City-St-Zip: NAPLES, FL 34102

Title: TD () Delete
Name: CLEO, PETRAKIS
Address: 971 ROSE WAY
City-St-Zip: NAPLES, FL 34104

Title: SD () Delete
Name: NICK, ANDREOULAKIS
Address: 1320 12TH AVE NE
City-St-Zip: NAPLES, FL 34120

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: KONSTANTINE TSISKAKIS

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date