

**2024 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N47854

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

**FILED**  
**Mar 01, 2024**  
**Secretary of State**  
**7810297158CR**

**Current Principal Place of Business:**

26834 MCLAUGHLIN BLVD.  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

26834 MCLAUGHLIN BLVD.  
BONITA SPRINGS, FL 34134 US

**FEI Number: 65-0318232**

**Certificate of Status Desired: No**

**Name and Address of Current 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**

**03/01/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name TSISKAKIS, KONSTANTINE  
Address 26834 MCLAUGHLIN BLVD.  
BONITA SPRINGS, FL34134  
City-State-Zip: BONITA SPRINGS FL 34134

Title VD  
Name FAKOUKAKIS, EMANUEL PANTELIS  
Address 2480 BREAKWATER WAY 12 202  
City-State-Zip: NAPLES FL 34112

Title SD  
Name PAPADAKIS, ELIANA  
Address 6597 NICHOLAS BLVD 2002  
City-State-Zip: NAPLES FL 34108

Title T  
Name DELLAS, GEORGE JOHN  
Address 6123 RODNEY BAY LANE  
City-State-Zip: NAPLES FL 34113

Title 2VD  
Name PAPPAS, MARIA  
Address 2780 TIBURON  
301  
City-State-Zip: NAPLES FL 34125

*I hereby 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 all other like empowered.*

**SIGNATURE: KONSTANTINE TSISKAKIS**

**PRESIDENT/DIRECTOR**

**03/01/2024**

Electronic Signature of Signing Officer/Director Detail

Date