2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2006 8:00 am Secretary of State

DOCUMENT # 723498 1. Entity Name MUNICIPAL PLAZA OF NAPLES, INC						04-10-2006 90312 025 ****61.25					
Principal Place of Business 1011-1065 FIFTH AVENUE N. NAPLES, FL 33940		2400 #20	Mailing Address 2400 TAMIAMI TRAIL NORTH #201 NAPLES, FL 34103			60024364					
2. Principal Place of Business		3. Mail	3. Mailing Address								
Suite, Apt. #, etc.		Şu	Suite, Apt. #, etc.			02232006	Chg-NP	CR2E0	37 (11/05)		
City & State		Cit	City & State			4. FEI Number 59-1513				oplied For of Applicable	
Zip	Country	Ziç)	Country		5. Certificate	of Status Desire	d 🔲	\$8.75 Add		
	6. Name and Address of Curre	nt Registere	d Agent			7. Name and	Address of Nev	w Registered	Agent		
DAVIDSON	N & NICK CDAG			Nam	0						
DAVIDSON & NICK CPAS 2400 TAMIAMI TRAIL N. #201 NAPLES, FL 34103				Stree	Street Address (P.O. Box Number is Not Acceptable)						
4.				City	City FL Zip Code						
	named entity submits this statemen ions of registered agent.	t for the purp	ose of changing its	registered offic	e or register	red agent, or bot	h, in the State of			and accept	
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if app	sicable. (NOTE	Registered Agent si	gnature required	d when reinstating)		DATE			
SIGNATURE .	Filing Fee is \$61.25	ent and title if app	9. Election Cam Trust Fund C	paign Financin		\$5.00 May B	e F	Make chec	k payable t		
	Filing Fee is \$61.25 Due by May 1, 2006		9. Election Cam Trust Fund C	paign Financin	9 🗆	\$5.00 May Bound Added to Fees	F	Make chec lorida Depa	rtment of S	tate	
10.	Filing Fee is \$61.25		9. Election Cam Trust Fund C	paign Financin ontribution.	9 🗆	\$5.00 May B	F	Make chec lorida Depa	RECTORS IN	tate	
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Thereby dealing that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Horida 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 eath; 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.

ONLBERT LANDRY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

(239) 261-8337 Dayture Phone #