


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90424 043 ****61.25

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DOCUMENT # 723498					
1. Entity Name MUNICIPAL PLAZA OF NAPLES, INC					
Principal Place of Business 1011-1065 FIFTH AVENUE N. NAPLES, FL 33940			Mailing Address 2400 TAMiami TRAIL NORTH #201 NAPLES, FL 34103		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04232007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-1513022 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAVIDSON & NICK CPAS 2400 TAMiami TRAIL N. #201 NAPLES, FL 34103				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDRY, GILBERT			NAME	
STREET ADDRESS	1041 5TH AVE N			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34102			CITY-ST-ZIP	
TITLE	S/D	<input type="checkbox"/> Delete		TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLOCKBURGER, JIM			NAME	THOMAS CASSARINO
STREET ADDRESS	1013 5TH AVENUE NORTH			STREET ADDRESS	1047 5TH AVENUE NORTH
CITY-ST-ZIP	NAPLES, FL 34102			CITY-ST-ZIP	NAPLES, FL 34102
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'REILLY, THOMAS			NAME	
STREET ADDRESS	1023 5TH AVENUE NORTH			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34102			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEANE, JENNIFER			NAME	
STREET ADDRESS	1061 5TH AVENUE NORTH			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34102			CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAST, CHRISTOPHER			NAME	
STREET ADDRESS	1059 5TH AVE N			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34102			CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURETZKIN, EDWARD			NAME	
STREET ADDRESS	1017 5TH AVENUE NORTH			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34102			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Edward Turetzkin</i>		EDWARD TURETZKIN		4/26/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	