

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723498

FILED
Apr 28, 2009
Secretary of State

Entity Name: MUNICIPAL PLAZA OF NAPLES, INC

Current Principal Place of Business:

1011-1065 FIFTH AVENUE N.
NAPLES, FL 33940

New Principal Place of Business:

Current Mailing Address:

2400 TAMIAMI TRAIL NORTH
#201
NAPLES, FL 34103

New Mailing Address:

FEI Number: 59-1513022 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIDSON & NICK CPAS
2400 TAMIAMI TRAIL N. #201
NAPLES, FL 34103 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: MASON, CARL
Address: 1045 5TH AVE
City-St-Zip: NAPLES, FL 34102

Title: S/D () Delete
Name: BLOCKBURGER, JIM
Address: 1013 5TH AVENUE NORTH
City-St-Zip: NAPLES, FL 34102

Title: VPD () Delete
Name: CASSARINO, THOMAS
Address: 1047 5TH AVENUE NORTH
City-St-Zip: NAPLES, FL 34102

Title: PD () Delete
Name: DEANE, JENNIFER
Address: 1061 5TH AVENUE NORTH
City-St-Zip: NAPLES, FL 34102

Title: SD () Delete
Name: MAST, CHRISTOPHER
Address: 1059 5TH AVE N
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: TURETZKIN, EDWARD
Address: 1017 5TH AVENUE NORTH
City-St-Zip: NAPLES, FL 34102

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:

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: JENNIFER DEANE

PD

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date