

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723498

FILED
Jan 12, 2011
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:

2400 TAMIAMI TRAIL NORTH
201
NAPLES, FL 34103

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: DT
Name: MASON, CARL
Address: 1045 5TH AVE
City-St-Zip: NAPLES, FL 34102

Title: D
Name: TURETZKIN, EDWARD
Address: 3320 19TH AVE. SW
City-St-Zip: NAPLES, FL 34117

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

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

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

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: CARL MASON

DT

01/12/2011

Electronic Signature of Signing Officer or Director

_____ Date