


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 727526	
1. Entity Name NAPLES SOUTHERN PLAZA, INC.	

Principal Place of Business 3400 TAMiami TR. N. 202 NAPLES, FL 34103 US	Mailing Address 3400 TAMiami TR. N. 202 NAPLES, FL 34103 US
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04142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1535059	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DARROW, MICHAEL J.
3400 NORTH TAMiami TRAIL
NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DARROW, MICHAEL J. 3400 N. TAMiami TR. NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GURGES, DIANA 3400 N TAMiami TR #202 NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MATTSCHER, MARCELO 3400 TAMiami TRAIL NORTH NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GELTEMEYER, SCOTT 6075 GOLDEN GATE PKWY NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, BEN 3400 TAMiami TRAIL NORTH NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000350565
05/02/05-80110-011 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 life empowered.

SIGNATURE: *Diana Gerges* 4/15/05 239-263-8424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #