

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 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**



04102006 No Chg-NP CR2ED37 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1535059** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DARROW, MICHAEL J.
STREET ADDRESS	3400 N. TAMiami TR.
CITY-ST-ZIP	NAPLES, FL
TITLE	DT
NAME	GURGES, DIANA
STREET ADDRESS	3400 N TAMiami TR #202
CITY-ST-ZIP	NAPLES, FL
TITLE	DS
NAME	MATTSCHER, MARCELO
STREET ADDRESS	3400 TAMiami TRAIL NORTH
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	D
NAME	GELTEMEYER, SCOTT
STREET ADDRESS	6075 GOLDEN GATE PKWY
CITY-ST-ZIP	NAPLES, FL 34118
TITLE	D
NAME	KING, BEN
STREET ADDRESS	3400 TAMiami TRAIL NORTH
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000524797
05/04/06-80004-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #