

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90026 034 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                                                    |                                                                                   |                                                                                                                                                                                                                                           |                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # 741406</b><br>1. Entity Name<br><b>FIRST NATIONAL PLAZA ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                                                                                    |                                                                                   |                                                                                                                                                          |                                                                   |
| Principal Place of Business<br><b>2335 TAMiami TRAIL N<br/>SUITE 505<br/>NAPLES, FL 34103</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          |                                                                                    | Mailing Address<br><b>2335 TAMiami TRAIL N<br/>SUITE 505<br/>NAPLES, FL 34103</b> |                                                                                                                                                                                                                                           |                                                                   |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          | Country                                                                            |                                                                                   | 4. FEI Number<br><b>59-1861236</b>                                                                                                                                                                                                        |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          |                                                                                    |                                                                                   | Applied For<br>Not Applicable                                                                                                                                                                                                             |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>GULF VIEW PROPERTY MANAGEMENT INC.<br/>2335 TAMiami TRAIL N<br/>STE 505<br/>NAPLES, FL 34103</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          |                                                                                    |                                                                                   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                   |
| 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.<br><br>SIGNATURE _____<br><small>Signature, handwritten name of registered agent and title (Applicable) (Not for Registered Agent's signature required when reappointing)</small>                                                                                                                                                                                                                                |                                                                          |                                                                                    |                                                                                   |                                                                                                                                                                                                                                           |                                                                   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |                                                                                   | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                                                                                                    |                                                                   |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                                                                    |                                                                                   |                                                                                                                                                                                                                                           |                                                                   |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                                                                                    |                                                                                   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                              |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SD<br>WAGNER, THERESE A<br>2335 9TH STREET N STE 505<br>NAPLES, FL 34103 | <input type="checkbox"/> Delete                                                    |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PD<br>SHUMWAY, CHARLES<br>376 EDMERE WAY N.<br>NAPLES, FL 34105          | <input type="checkbox"/> Delete                                                    |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TD<br>WILSON, GARY<br>5801 PELICAN BAY BLVD. #300<br>NAPLES, FL 34108    | <input type="checkbox"/> Delete                                                    |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                          | <input type="checkbox"/> Delete                                                    |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                          | <input type="checkbox"/> Delete                                                    |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                          | <input type="checkbox"/> Delete                                                    |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 an officer like empowered. |                                                                          |                                                                                    |                                                                                   |                                                                                                                                                                                                                                           |                                                                   |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          |                                                                                    |                                                                                   | <b>3-26-08</b>                                                                                                                                                                                                                            |                                                                   |
| <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                                                    |                                                                                   | <small>Date</small>                                                                                                                                                                                                                       |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                                                    |                                                                                   | <b>239-403-7991</b>                                                                                                                                                                                                                       |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                                                    |                                                                                   | <small>Daytime Phone #</small>                                                                                                                                                                                                            |                                                                   |