


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90025 009 ***150.00

DOCUMENT # 750198 1. Entity Name NAPLES COMMERCIAL PLAZA NUMBER 2 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 580 11TH ST N NAPLES FL 34102 US		Mailing Address 580 11TH ST N NAPLES FL 34102 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0087848 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/04)	
6. Name and Address of Current Registered Agent CARDENAS, SALOMON J 580 11TH ST N NAPLES FL 34102			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
FILE NOW: 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		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input checked="" type="checkbox"/> Delete STRENKERT, WILLIAM		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	524 11TH ST N		NAME		
STREET ADDRESS	NAPLES FL 34102		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VPD <input type="checkbox"/> Delete DERIVAL, JOSEPH		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	500 11TH ST N		NAME		
STREET ADDRESS	NAPLES FL 34102		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete CARDENAS, SALOMON J		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	580 11TH ST N		NAME		
STREET ADDRESS	NAPLES FL 34102		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete TIMOLEON, WIDLEY		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	318 OSPREY LANDING		NAME		
STREET ADDRESS	NAPLES FL 34104		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	P. GEORGE ST FLEUR	
STREET ADDRESS			STREET ADDRESS	562 11TH ST N	
CITY-ST-ZIP			CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <i>T. Strenkert</i> 3/22/05 239-503-5280					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

