


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90035 042 ****61.25

DOCUMENT # 756597 1. Entity Name MERCANTILE PLAZA CONDOMINIUM ASSOCIATION OF NAPLES, INC.					
Principal Place of Business MECANTILE PLAZA 300 AIRPORT RD. NORTH NAPLES, FL 34104 US				Mailing Address 67 CHARDON PLACE NAPLES, FL 34110 US <i>CHANGE</i>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>c/o NUMBER MGMT. P.O. Box 2542</i>			
City & State City: <i>BONITA SPRING, FL.</i>		4. FEI Number 59-2579388			
Zip 34133		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JEFFREY QUINN 307 AIRPORT RD NORTH NAPLES, FL 34104				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD COMMERS, DANIEL P. <input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
NAME	2660 N. CLEVELAND	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	NAPLES, FL	NAME			
CITY-ST-ZIP		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	VD HAYES, GARY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	299 N. AIRPORT RD.	NAME			
STREET ADDRESS	NAPLES, FL	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	D SPARKMAN, RICHARD D. <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	307 AIRPORT RD., N.	NAME	<i>307 Airport Rd. N.</i>		
STREET ADDRESS	NAPLES, FL	STREET ADDRESS	<i>Naples, FL</i>		
CITY-ST-ZIP		CITY-ST-ZIP	34104		
TITLE	TD STELZER, WILLIAM, G <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	301 AIRPORT RD., N.	NAME			
STREET ADDRESS	NAPLES, FL	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	SD JEFFREY QUINN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	307 Airport Road	NAME			
STREET ADDRESS	Naples, Florida	STREET ADDRESS			
CITY-ST-ZIP	34104	CITY-ST-ZIP			
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>Daniel P. Commers</i> 9/6/05 239-272-5015 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					