

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756597

FILED
Apr 07, 2006
Secretary of State

Entity Name: MERCANTILE PLAZA CONDOMINIUM ASSOCIATION OF NAPLES, INC.

Current Principal Place of Business:

MECANTILE PLAZA
300 AIRPORT RD. NORTH
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

%NUMSER MGMT
PO BOX 2542
BONITA SPRINGS, FL 34133 US

New Mailing Address:

%NUMBER MGMT
PO BOX 2542
BONITA SPRINGS, FL 34133 US

FEI Number: 59-2579388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEFFREY QUINN
307 AIRPORT RD NORTH
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

JEFFERY QUINN
307 AIRPORT RD NORTH
NAPLES, FL 34104 US

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.

SIGNATURE: JEFFERY QUINN

04/07/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COMMERS, DANIEL P.,
Address: 2660 N. CLEVELAND
City-St-Zip: NAPLES, FL

Title: VD () Delete
Name: HAYES, GARY,
Address: 299 N. AIRPORT RD.
City-St-Zip: NAPLES, FL

Title: D () Delete
Name: SPARKMAN, RICHARD D.,
Address: 307 AIRPORT RD N
City-St-Zip: NAPLES, FL 34104

Title: TD () Delete
Name: STELZER, WILLIAM, G,
Address: 301 AIRPORT RD., N.
City-St-Zip: NAPLES, FL

Title: SD (X) Delete
Name: QUINN, JEFFREY
Address: 307 AIRPORT RD
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COMMERS, DANIEL P.,
Address: 4151 GULF SHORE BLVD, #404
City-St-Zip: NAPLES, FL 34103

Title: VD (X) Change () Addition
Name: HAYES, GARY,
Address: 299 AIRPORT RD. NORTH
City-St-Zip: NAPLES, FL

Title: TD (X) Change () Addition
Name: LUCARELLI, DOMENIC,
Address: 341 AIRPORT RD. NORTH
City-St-Zip: NAPLES, FL 34104

Title: SD (X) Change () Addition
Name: QUINN, JEFFERY,
Address: 307 AIRPORT RD. NORTH
City-St-Zip: NAPLES, FL 34104

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL COMMERS

PD

04/07/2006

Electronic Signature of Signing Officer or Director

Date