

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756597

FILED  
Mar 27, 2007  
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:**

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

**New Mailing Address:**

C/O NUMBER MANAGEMENT  
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:**

JEFFERY QUINN  
307 AIRPORT RD NORTH  
NAPLES, FL 34104 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

Title: SD ( ) Delete  
Name: QUINN, JEFFERY,  
Address: 307 AIRPORT RD. NORTH  
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 US

Title: VD (X) Change ( ) Addition  
Name: HAYES, GARY,  
Address: 299 AIRPORT RD. NORTH  
City-St-Zip: NAPLES, FL 34104 US

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

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

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

03/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date