

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 756597

**FILED**  
**Mar 07, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

C/O NUMBER MANAGEMENT  
PO BOX 2542  
BONITA SPRINGS, FL 34133 US

**New Mailing Address:**

**FEI Number:** 59-2579388

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUINN, JEFFREY  
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  
Name: COMMERS, DANIEL P.  
Address: 4151 GULF SHORE BLVD, #404  
City-St-Zip: NAPLES, FL 34103 US

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

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

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

Title: DR  
Name: SALVIA, JERRY  
Address: 303 AIRPORT RD. NORTH  
City-St-Zip: NAPLES, FL 34104 US

I hereby 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 all other like empowered.

SIGNATURE: JEFFERY QUINN

SD

03/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date