## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # 767421**

1. Entity Name

TAHITIAN PROFESSIONAL PLAZA OWNERS ASSOCIATION, INC.



FILED
Jul 10, 2007 08:00 AM
Secretary of State

Principal Place of Business

600 FIFTH AVENUE SOUTH

SUITE 207 NAPLES, FL 34102 Mailing Address

600 FIFTH AVENUE SOUTH SUITE 207

NAPLES, FL 34102



07062007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 20-0924536 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRUGGER, JOHN N 600 FIFTH AVENUE SOUTH SUITE 207 NAPLES, FL 34102

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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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be U00000767437 Trust Fund Contribution. Added to Fees Due by September 14, 2007 07/10/07-80005-006 61.25 OFFICERS AND DIRECTORS 10. SJTIT NAME MASTROCOLA, FILIPPO STREET ADDRESS 600 FIFTH AVENUE SOUTH, SUITE 207 CITY - ST - ZIP NAPLES, FL 34102 TITLE NAME MASTROCOLA, SUSAN STREET ADDRESS 600 FIFTH AVENUE SOUTH, SUITE 207 CITY-ST-ZIP NAPLES, FL 34102 TITLE NAME BRUGGER JOHN N STREET ADDRESS 600 FIFTH AVENUE SOUTH, SUITE 207 DO NOT WRITE CITY-ST-ZIP NAPLES, FL 34102 IN THIS SPACE TSSLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 who are address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/07

239-563-600a