


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90054 003 \*\*\*\*61.25

<b>DOCUMENT # 767421</b> 1. Entity Name <b>TAHITIAN PROFESSIONAL PLAZA OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>600 FIFTH AVENUE SOUTH SUITE 207 NAPLES, FL 34102</b>			Mailing Address <b>600 FIFTH AVENUE SOUTH SUITE 207 NAPLES, FL 34102</b>		
2. Principal Place of Business - No P.O. Box # <b>2800 Davis Blvd</b>		3. Mailing Address <b>2800 Davis Blvd</b>			
Suite, Apt. #, etc. <b>Ste 200</b>		Suite, Apt. #, etc. <b>Ste 200</b>			
City & State <b>Naples FL</b>		City & State <b>Naples FL</b>		4. FEI Number <b>20-0924536</b>	
Zip <b>34104</b>		Country <b>U.S.A</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRUGGER, JOHN N 600 FIFTH AVENUE SOUTH SUITE 207 NAPLES, FL 34102</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MASTROCOLA, FILIPPO <input type="checkbox"/> Delete 600 FIFTH AVENUE SOUTH, SUITE 207 NAPLES, FL 34102				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MASTROCOLA, SUSAN <input type="checkbox"/> Delete 600 FIFTH AVENUE SOUTH, SUITE 207 NAPLES, FL 34102				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRUGGER, JOHN N <input type="checkbox"/> Delete 600 FIFTH AVENUE SOUTH, SUITE 207 NAPLES, FL 34102				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing 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 with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <b>3-28-08</b> <b>239-262-7787</b> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					