

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 767421

FILED
Oct 30, 2009
Secretary of State

Entity Name: TAHITIAN PROFESSIONAL PLAZA OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2800 DAVIS BLVD
SUITE 200
NAPLES, FL 34104 US

New Principal Place of Business:

3103 TERRACE AVE.
NAPLES, FL 34104 US

Current Mailing Address:

2800 DAVIS BLVD
SUITE 200
NAPLES, FL 34104 US

New Mailing Address:

3103 TERRACE AVE.
NAPLES, FL 34104 US

FEI Number: 20-0924536 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MASTROCOLA, FILIPPO
Address: 600 FIFTH AVENUE SOUTH, SUITE 207
City-St-Zip: NAPLES, FL 34102

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

Title: D () Delete
Name: MASTROCOLA, SUSAN
Address: 600 FIFTH AVENUE SOUTH, SUITE 207
City-St-Zip: NAPLES, FL 34102

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

Title: D () Delete
Name: BRUGGER, JOHN N
Address: 600 FIFTH AVENUE SOUTH, SUITE 207
City-St-Zip: NAPLES, FL 34102

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

I hereby certify that the information supplied with this filing does not qualify 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: FILIPPO MASTROCOLA

P

10/30/2009

Electronic Signature of Signing Officer or Director

Date