


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90117 042 \*\*\*\*61.25

<b>DOCUMENT # 767686</b> 1. Entity Name <b>CRETAN ASSOCIATION OF PALM BEACH-CRETAN VOICE, INC.</b>					
Principal Place of Business <b>110 SOUTHERN BLVD. W PALM BCH, FL 33405</b>			Mailing Address <b>110 SOUTHERN BLVD. W PALM BCH, FL 33405</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
01182006		Chg-NP		CR2E037 (11/05)	
4. FEI Number <b>23-7208073</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SPILLIAS, KENNETH G. 250 AUSTRALIAN AVE W PALM BCH, FL 33401</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when donating) DATE</small>					
<b>Filing Fee is \$81.25 Due by May 1, 2006</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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOPHINOS, DIONISIA		NAME		
STREET ADDRESS	338 BAYBERRY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAKE PARK, FL 33403		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PLEVRAKIS, NICK		NAME	<b>COSTAS KONTOASKALAKIS</b>	
STREET ADDRESS	223 MARYLAND DRIVE		STREET ADDRESS	<b>712 BUTTWOOD ROAD</b>	
CITY-ST-ZIP	LAKE WORTH, FL 33460		CITY-ST-ZIP	<b>NORTH PALM BEACH, FL 33408</b>	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ESOPAKIS, IOANNA		NAME	<b>ANTHONY PEROUKAKIS</b>	
STREET ADDRESS	252 CORTEZ ROAD		STREET ADDRESS	<b>29 YACHT CLUB DRIVE #108</b>	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405		CITY-ST-ZIP	<b>NORTH PALM BEACH, FL 33408</b>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANOLIS, ELENI		NAME		
STREET ADDRESS	2908 47TH AVE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: SD SOPHINOS, DIONISIA</b> <i>Sophinos, Dionisia</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date: <b>3-17-06</b> Daytime Phone # <b>561-848-1635</b></small>					