


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90140 012 ****61.25

DOCUMENT # N04000001432	
1. Entity Name NAPLES BUSINESS & STORAGE PARK CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 280 EAST 96TH STREET SUITE 160 INDIANAPOLIS, IN 46240	Mailing Address 280 EAST 96TH STREET SUITE 160 INDIANAPOLIS, IN 46240
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40045900



2. Principal Place of Business - No P.O. Box # 4750 ENTERPRISE AVE	3. Mailing Address c/o KMA
Suite, Apt. #, etc.	Suite, Apt. #, etc. PO Box 111802
City & State NAPLES FL	City & State NAPLES FL
Zip 34104	Country COLLIER

03102007 Chg-NP CR2E037 (12/06)

4. FEI Number **20-4280765** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent OMNI MANAGEMENT SERVICES OF FLORIDA, INC. 27499 RIVERVIEW CENTER BOULEVARD SUITE 134 BONITA SPRINGS, FL 34134	
7. Name and Address of New Registered Agent Name KMA MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 9844 LUNA CIRCLE D 103 City NAPLES FL Zip Code 34109	

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 *Herb Solomon* (HERB SOLOMAN) AGENT/MANAGER DATE 3/10/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZINK, DARRELL E JR. 280 EAST 96TH STREET INDIANAPOLIS, IN 46240 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RES D VENGER, HOWARD 7516 TREELINE DR. NAPLES, FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWKINS, TUCKER 280 EAST 96TH STREET INDIANAPOLIS, IN 46240 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RICK BALLENGER BALLENGER, RICK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNALL, DAVID 280 EAST 96TH STREET INDIANAPOLIS, IN 46240 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	R POTRATZ, ROGER BALLENGER, RICHARD 134 BERMUDA RD. MARCO ISLAND, FL 34145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTRATZ, ROGER 17040 TERRAVERDE CIR. FT. MYERS, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.

SIGNATURE: *Herb Solomon* Pres. Date 3-13-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #