

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/ **FILED**
Apr 16, 2008 8:00 am
Secretary of State

03-27-2008 90030 008 ****61.25

DOCUMENT # N04000003976 1. Entity Name CONSTITUTION PLAZA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 28480 OLD US 41, UNIT 1 BONITA SPRINGS, FL 34135			Mailing Address 1048 GOODLETTE RD #206 NAPLES, FL 34102		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>clo Colonial Square Realty</i> Suite, Apt. #, etc. <i>PO Box 10608</i>			
Suite, Apt. #, etc.		City & State <i>Naples FL</i>		4. FEI Number 20-1078838	
City & State		Zip <i>34101</i>		Country <i>USA</i>	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLONIAL SQUARE REALTY INC. 1048 GOODLETTE R #200 NAPLES, FL 34102			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>PO Box 10608</i> <i>1048 Goodlette Road #201</i> City <i>Naples</i> FL Zip Code <i>34102</i>		
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 <i>Clifford Olson</i> DATE <i>3/25/08</i> Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAPIN, GREG 674 WIGGINS BAY DRIVE NAPLES, FL 34110	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOOLE, DARREN P.O. BOX 2568 BONITA SPRINGS, FL 34133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DEJESUS, BRANDON 28400 OLD US 41 #7 BONITA SPRINGS, FL 34135	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Arsenault, Mike 28400 Old US 41 Road #1 Bonita Springs FL 34135 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. BISH, JEFF 28400 OLD US 41 #6 BONITA SPRINGS, FL 34135	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEMICK, HAKIM 28380 OLD US 41 #8 BONITA SPRINGS, FL 34135	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Burkley, H.L. 28400 Old US 41 #9 Bonita Springs FL 34135 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <i>Clifford Olson</i> DATE <i>3/25/08</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					