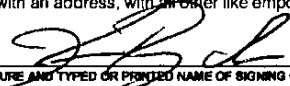


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000004518		
1. Entity Name THE NAPLES BIG CYPRESS INDUSTRIAL PARK CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 720 GOODLETTE RD STE 305 NAPLES, FL 34103	Mailing Address 720 GOODLETTE RD STE 305 NAPLES, FL 34103	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BASIK, KEITH 720 GOODLETTE RD STE 305 NAPLES, FL 34103		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASIK, KEITH 720 GOODLETTE RD STE 305 NAPLES, FL 34103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASIK, JEFF 720 GOODLETTE RD STE 305 NAPLES, FL 34103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASIK, LARRY 720 GOODLETTE RD STE 305 NAPLES, FL 34103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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.		
SIGNATURE: 		239-262- 3210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2-1-07 Daytime Phone #



01292007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1115309	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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05/07/07-80017-024 61.25

**DO NOT WRITE
IN THIS SPACE**