


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90158 011 ****61.25

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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

60032166

01292008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-1115309	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BASIK, KEITH 720 GOODLETTE RD STE 305 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name <u><i>Basik, Keith</i></u> Street Address (P.O. Box Number is Not Acceptable) <u><i>3021 Airport Pulling Rd. #202</i></u> City <u><i>Naples</i></u> FL Zip Code <u><i>34105</i></u>	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	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 BASIK, KEITH 720 GOODLETTE RD STE 305 NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Basik, Keith</i> <i>3021 Airport Pulling Rd. #202</i> <i>Naples, FL 34105</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASIK, JEFF 720 GOODLETTE RD STE 305 NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Jeff Basik</i> <i>3021 Airport Pulling Rd. #202</i> <i>Naples, FL 34105</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASIK, LARRY 720 GOODLETTE RD STE 305 NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Basik, Larry</i> <i>3021 Airport Pulling Rd. #202</i> <i>Naples, FL 34105</i>
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
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: *Jeff Basik* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date _____ Daytime Phone # _____