2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State
04-03-2006 90390 028 ****61.25

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1. Entity Name
NAPLES CHAMBER CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2390 TAMIAMI TRAIL NORTH SUITE 210 NAPLES, FL 34103	2390 TAMIAMI TRAIL NORTH SUITE 210 NAPLES, FL 34103

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03232006 Chg-NP CR2E037 (11/05)

4. FEI Number 20-1912829 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MURPHY, JAY
2390 TAMIAMI TRAIL NORTH
SUITE 210
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name Stephanie D. Martin
Street Address (P.O. Box Number is Not Acceptable) 2390 Tamiami Trail North
Suite 210
City Naples FL Zip Code 34103

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 Stephanie D. Martin 3/23/06
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, 2006

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	C MORTON, EDWARD 2390 TAMIAMI TRAIL NORTH, SUITE 210 NAPLES, FL 34103	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Kathleen C. Passidomo 2390 Tamiami Trail North Ste. 204 Naples FL 34103	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRIDKIN, JEFF 2390 TAMIAMI TRAIL NORTH, SUITE 210 NAPLES, FL 34108	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Michael V. Reagen 2390 Tamiami Trail North Suite210 Naples FL 34103	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUDD, RUSSELL 2390 TAMIAMI TRAIL NORTH, SUITE 210 NAPLES, FL 34103	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Chris Rapp 2390 Tamiami Trail North Ste. 104 Naples FL 34103	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUESTON, C.J. 2390 TAMIAMI TRAIL NORTH, SUITE 210 NAPLES, FL 34103	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Brad Dancer 2390 Tamiami Trail North Ste 108 Naples FL 34103	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOETZ, ELLIN 2390 TAMIAMI TRAIL NORTH, SUITE 210 NAPLES, FL 34103	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Michael V. Reagen 3/23/06 2394032905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #