2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
02-26-2008 90006 020 ****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	C/O CAMERON REAL ESTATE SERVICES 1250 N. TAMIAMI TRAIL #101 NAPLES, FL 34102

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01112008 No Chg-NP CR2E037 (4/06)

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

MARTIN, STEPHANIE D
2390 TAMIAMI TRAIL NORTH
SUITE 210
NAPLES, FL 34103

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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 _____ DATE
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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	PASSIDOMO, KATHLEEN C
STREET ADDRESS	2390 TAMIAMI TRAIL N., SUITE 204
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	P
NAME	REAGEN, MICHAEL V
STREET ADDRESS	2390 TAMIAMI TRAIL N., SUITE 210
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	Vice President
NAME	RAPP, CHRIS
STREET ADDRESS	2390 TAMIAMI TRAIL N., SUITE 104
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	President
NAME	Charles Kelly, Jr.
STREET ADDRESS	2390 Tamiami Trail N. Suite 204
CITY-ST-ZIP	Naples FL. 34103
TITLE	Treasurer
NAME	Janet Kelly
STREET ADDRESS	2390 Tamiami Trail N. Suite 204
CITY-ST-ZIP	Naples Fl. 34103
TITLE	Director
NAME	Stephanie Martin S
STREET ADDRESS	2390 Tamiami Trail N. Suite 210
CITY-ST-ZIP	Naples Fl. 34103

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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: Charles M. Kelly Jr Pres. 2/12/08 (239)261-3453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #