

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90006 020 ****61.25

DOCUMENT # N04000010764	
1. Entity Name NAPLES CHAMBER CENTER CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 2390 TAMIAMI TRAIL NORTH SUITE 210 NAPLES, FL 34103	Mailing Address 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

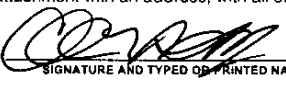
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PASSIDOMO, KATHLEEN C 2390 TAMIAMI TRAIL N., SUITE 204 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REAGEN, MICHAEL V 2390 TAMIAMI TRAIL N., SUITE 210 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President RAPP, CHRIS 2390 TAMIAMI TRAIL N., SUITE 104 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Charles Kelly, Jr. 2390 Tamiامي Trail N. Suite 204 Naples FL. 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Janet Kelly 2390 Tamiامي Trail N. Suite 204 Naples FL. 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Stephanie Martin S 2390 Tamiامي Trail N. Suite 210 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) 264-3453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR