2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N04000010764

Entity Name: NAPLES CHAMBER CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2390 TAMIAMI TRAIL NORTH
SUITE 210
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

C/O CAMERON REAL ESTATE SERVICES
1250 N. TAMIAMI TRAIL #101
NAPLES, FL 34102

New Mailing Address:

FEI Number: 20-1912829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	PASSIDOMO, KATHLEEN C	
Address:	2390 TAMIAMI TRAIL N., SUITE 204	
City-St-Zip:	NAPLES, FL 34103	
Title:	D	( ) Delete
Name:	MARTIN, STEPHANIE S	
Address:	2390 TAMIAMI TRL N STE 210	
City-St-Zip:	NAPLES, FL 34103	
Title:	VP	( ) Delete
Name:	RAPP, CHRIS	
Address:	2390 TAMIAMI TRAIL N., SUITE 104	
City-St-Zip:	NAPLES, FL 34103	
Title:	D	( ) Delete
Name:	DANCER, BRAD	
Address:	2390 TAMIAMI TRAIL N., SUITE 108	
City-St-Zip:	NAPLES, FL 34103	
Title:	P	( ) Delete
Name:	KELLY, CHARLES JR	
Address:	2390 TAMIAMI TRL N STE 204	
City-St-Zip:	NAPLES, FL 34103	
Title:	T	( ) Delete
Name:	KELLY, JANET	
Address:	2390 TAMIAMI TRL N STE 204	
City-St-Zip:	NAPLES, FL 34103	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE MINER MGR 04/14/2009

Electronic Signature of Signing Officer or Director — Date