

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90097 006 ****61.25

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1. Entity Name
**NORMARK PLAZA COMMERCIAL CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**21421 WIDGEON TERRACE
FORT MYERS BEACH, FL 33931**

Mailing Address
**21421 WIDGEON TERRACE
FORT MYERS BEACH, FL 33931**

60003371



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
56-2503673

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCAROLA, MARK
21421 WIDGEON TERRACE
FORT MYERS BEACH, FL 33931**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2007**

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
**D
SCAROLA, MARK
21421 WIDGEON TERRACE
FORT MYERS BEACH, FL 33931** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President + Director ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCAROLA, NOREEN
21421 WIDGEON TERRACE
FORT MYERS BEACH, FL 33931** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secy, Treas & Director ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PEZZINO, ROBERT
4236 PINE HOLLOW CIRCLE
GREENACRES, FL 33463** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director & Vice President
CONNIE HOWE
5878 ENTERPRISE PKWY
FORT MYERS FL 33905** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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

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

MARK SCAROLA