

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90030 025 ****61.25

DOCUMENT # N05000003210					
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		
2. Principal Place of Business - No P.O. Box # 1491 OAKES BLVD		3. Mailing Address 1491 OAKES BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State NAPLES FL		City & State NAPLES FL		4. FEI Number 56-2503673	
Zip 34119		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SCAROLA, MARK 21421 WIDGEON TERRACE FORT MYERS BEACH, FL 33931			7. Name and Address of New Registered Agent Name MARK SCAROLA Street Address (P.O. Box Number is Not Acceptable) 1491 OAKES BLVD City NAPLES FL Zip Code 34119		
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 MARK SCAROLA DATE 1/15/08					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE PD	NAME SCAROLA, MARK <input type="checkbox"/> Delete				
STREET ADDRESS 21421 WIDGEON TERRACE	CITY - ST - ZIP FORT MYERS BEACH, FL 33931				
TITLE STD	NAME SCAROLA, NOREEN <input type="checkbox"/> Delete				
STREET ADDRESS 21421 WIDGEON TERRACE	CITY - ST - ZIP FORT MYERS BEACH, FL 33931				
TITLE DV	NAME HOWE, CONNIE <input type="checkbox"/> Delete				
STREET ADDRESS 5878 ENTERPRISE PKWY	CITY - ST - ZIP FORT MYERS, FL 33905				
TITLE 	NAME <input type="checkbox"/> Delete				
STREET ADDRESS 	CITY - ST - ZIP				
TITLE 	NAME <input type="checkbox"/> Delete				
STREET ADDRESS 	CITY - ST - ZIP				
TITLE 	NAME <input type="checkbox"/> Delete				
STREET ADDRESS 	CITY - ST - ZIP				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE PD	NAME MARK SCAROLA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS 1491 OAKES BLVD	CITY - ST - ZIP NAPLES FL 34119				
TITLE STD	NAME NOREEN SCAROLA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS 1491 OAKES BLVD	CITY - ST - ZIP NAPLES FL 34119				
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS	CITY - ST - ZIP				
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS	CITY - ST - ZIP				
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS	CITY - ST - ZIP				
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: NOREEN SCAROLA DATE 1/16/08 Daytime Phone # 239-591-2979					