

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003210

FILED  
Jan 20, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1491 OAKES BLVD  
NAPLES, FL 34119

**New Principal Place of Business:**

1491 OAKES BLVD  
NAPLES, FL 34119

**Current Mailing Address:**

1491 OAKES BLVD  
NAPLES, FL 34119

**New Mailing Address:**

1491 OAKES BLVD  
NAPLES, FL 34119

**FEI Number:** 56-2503673

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCAROLA, MARK  
1491 OAKES BLVD  
NAPLES, FL 34119 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: PD ( ) Delete  
Name: SCAROLA, MARK  
Address: 1491 OAKES BLVD  
City-St-Zip: NAPLES, FL 34119

Title: STD ( ) Delete  
Name: SCAROLA, NOREEN  
Address: 1491 OAKES BLVD  
City-St-Zip: NAPLES, FL 34119

Title: DV ( ) Delete  
Name: HOWE, CONNIE  
Address: 5878 ENTERPRISE PKWY  
City-St-Zip: FORT MYERS, FL 33905

**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:

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: NOREEN SCAROLA

SECT

01/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date