

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003210

**FILED**  
**Jan 31, 2011**  
**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:**

**Current Mailing Address:**

1491 OAKES BLVD  
NAPLES, FL 34119

**New Mailing Address:**

**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  
Name: SCAROLA, MARK  
Address: 1491 OAKES BLVD  
City-St-Zip: NAPLES, FL 34119

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

Title: DV  
Name: HOUDASHELDT, MELINDA  
Address: 5898 ENTERPRISE PKWY  
City-St-Zip: FORT MYERS, FL 33905

I hereby 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 all other like empowered.

SIGNATURE: NOREEN SCAROLA

STD

01/31/2011

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

\_\_\_\_\_  
Date