

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 JUN -1 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000008937 1. Entity Name 3500 CORPORATE PLAZA PROPERTY OWNER'S ASSOCIATION, INC.			
Principal Place of Business 2606 SOUTH HORSESHOE DR. NAPLES, FL 34104		Mailing Address 2606 SOUTH HORSESHOE DR. NAPLES, FL 34104	
2. Principal Place of Business - No P.O. Box # 3520 KRAFT ROAD NAPLES, FL 34105		3. Mailing Address 3530 KRAFT ROAD SUITE 300 NAPLES, FL 34105	
Zip _____		Country _____	
4. FEI Number APPLIED FOR		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HASTINGS, CHERYL L 5551 RIDGEWOOD DR., SUITE 501 NAPLES, FL 34108		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code	
B. 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 _____ (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. <input type="checkbox"/> \$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 <input type="checkbox"/> Delete ANTARAMIAN, JACK J 366 FIFTH AVE. SOUTH SUITE 201 NAPLES, FL 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3530 KRAFT ROAD SUITE 300 NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PEZESHKAN, F. FRED 2606 SOUTH HORSESHOE DR. NAPLES, FL 34104	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3520 KRAFT ROAD NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ARMALAVAGE, RICHARD 2606 SOUTH HORSESHOE DR. NAPLES, FL 34104	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3520 KRAFT ROAD NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. IVOR MACIVOR, THOMAS A 366 FIFTH AVE. S., STE 201 NAPLES, FL 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP MACIVOR, THOMAS A 3530 KRAFT ROAD SUITE 300 NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Thomas A. Macivor</u>		Date: <u>4/24/07</u> Daytime Phone #: <u>(239) 434-0600</u>	