

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-24-2008 90125 035 ****70.00

DOCUMENT # N05000008937
 1. Entity Name
 3500 CORPORATE PLAZA PROPERTY OWNER'S ASSOCIATION, INC.



Principal Place of Business
 3520 KRAFT ROAD
 NAPLES, FL 34105 US

Mailing Address
 3530 KRAFT ROAD
 SUITE 300
 NAPLES, FL 34105 US

40080661



2. Principal Place of Business - No P.O. Box #
 3530 KRAFT ROAD
 SUITE 300
 NAPLES, FL 34105

3. Mailing Address
 Suite, Apt. #, etc.

02122008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
 APPLIED FOR 26-0284137

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
 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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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

| | | |
|----------------|----------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ANTARAMIAN, JACK J | |
| STREET ADDRESS | 3530 KRAFT ROAD, SUITE 300 | |
| CITY-ST-ZIP | NAPLES, FL 34105 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PEZESHKAN, F. FRED | |
| STREET ADDRESS | 3520 KRAFT ROAD | |
| CITY-ST-ZIP | NAPLES, FL 34105 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ARMALAVAGE, RICHARD | |
| STREET ADDRESS | 3520 KRAFT ROAD | |
| CITY-ST-ZIP | NAPLES, FL 34105 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | MACIVOR, THOMAS A | |
| STREET ADDRESS | 3530 KRAFT ROAD, SUITE 300 | |
| CITY-ST-ZIP | NAPLES, FL 34105 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| 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 of Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas A. Macivor 3/31/08 (239) 434-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #