

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000592

FILED  
Feb 06, 2009  
Secretary of State

**Entity Name:** THE 400 BUILDING AT PARK CENTRAL NORTH OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

5495 BRYSON DRIVE  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 10608  
NAPLES, FL 34101

**New Mailing Address:**

5515 BRYSON DRIVE  
SUITE 502  
NAPLES, FL 34109

FEI Number: 26-1254039

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COLONIAL SQUARE REALTY  
1048 GOODLETTE ROAD #20  
NAPLES, FL 34102 US

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

MARC F. OATES, P.A.  
5515 BRYSON DRIVE  
SUITE 502  
NAPLES, FL 34109 US

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: MARC F OATES ESQ

02/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BOZZO, SR., MICHAEL J  
Address: 317 MOORINGLINE DR  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: GATES, TODD  
Address: 12810 TAMiami TRAIL NORTH  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: MAAS, JEFFREY T  
Address: 12810 TAMiami TRAIL NORTH  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WILSON, CLINTON R  
Address: 5495 BRYSON DRIVE, SUITE 421  
City-St-Zip: NAPLES, FL 34109

Title: VPD (X) Change ( ) Addition  
Name: FRECHETTE, DENNIS  
Address: 5495 BRYSON DRIVE, SUITE 423  
City-St-Zip: NAPLES, FL 34109

Title: TSD (X) Change ( ) Addition  
Name: KARALEKAS, JONATHAN  
Address: 5495 BRYSON DRIVE SUITE 411  
City-St-Zip: NAPLES, FL 34109

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: CLINTON R. WILSON

PD

02/06/2009

Electronic Signature of Signing Officer or Director

Date