


2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N06193

1. Entity Name
NORTH NAPLES INDUSTRIAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1101 SUN CENTURY RD, STE E NAPLES, FL 34110 US	Mailing Address 1101 SUN CENTURY RD, STE E NAPLES, FL 34110 US
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04242007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2777416	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTIN, NICOLE
1101 SUN CENTURY RD, STE E
NAPLES, FL 34110**

DO NOT WRITE IN THIS SPACE

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 _____ (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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATTHEWS, JEFFREY 1101 SUN CENTURY RD, STE E NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTIN, JOHNNY 1101 SUN CENTURY RD, STE E NAPLES, FL 34110
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05/10/07-80022-019 61.25

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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: *Nicole Martin* *Nicole Martin* *4/24/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #