


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # N17242</b><br>1. Entity Name<br>NAPLES PLAZA PROPERTY OWNERS ASSOCIATION, INC. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>4100 GOLDEN GATE PARKWAY<br>NAPLES, FL 34116 | Mailing Address<br>4100 GOLDEN GATE PARKWAY<br>NAPLES, FL 34116 |
|---|---|



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>59-2814817                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

DURKIN, KEVIN M  
4100 GOLDEN GATE PARWAY  
NAPLES, FL 34116

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, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>COLOSIMO, JAMES R<br>4099 TAMIAMI TRAIL N., STE. 305<br>NAPLES, FL 33940 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>KARCHNER, MICHAEL<br>5420 BAY CENTER DR., #202<br>TAMPA, FL 33609        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>HIRONEN, JAMES R<br>4099 TAMIAMI TRAIL N., #305<br>NAPLES, FL 33940      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>DURKIN, KEVIN M<br>4100 GOLDEN GATE PKWY<br>NAPLES, FL 34116             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

1100000180040  
01/21/05-80040-021 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Kevin M. Durkin* Kevin M. Durkin *1/15/05* 239-455-1010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #