


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90062 014 ****61.25

DOCUMENT # N17242					
1. Entity Name NAPLES PLAZA PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 4100 GOLDEN GATE PARKWAY NAPLES, FL 34116			Mailing Address 4100 GOLDEN GATE PARKWAY NAPLES, FL 34116		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2814817	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DURKIN, KEVIN M 4100 GOLDEN GATE PARWAY NAPLES, FL 34116			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLOSIMO, JAMES R			NAME	
STREET ADDRESS	4099 TAMIAMI TRAIL N., STE. 305			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 33940			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARCHNER, MICHAEL			NAME	
STREET ADDRESS	5420 BAY CENTER DR., #202			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33609			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRONEN, JAMES R			NAME	
STREET ADDRESS	4099 TAMIAMI TRAIL N., #305			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 33940			CITY-ST-ZIP	
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURKIN, KEVIN M			NAME	
STREET ADDRESS	4100 GOLDEN GATE PKWY			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34116			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	Director
STREET ADDRESS				STREET ADDRESS	Irena Rozio
CITY-ST-ZIP				CITY-ST-ZIP	6600 Dudley Drive Naples, FL 34105
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>X Irena Rozio</i> Irena Rozio				3/8/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				239-434-0444	
				Daytime Phone #	