


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

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N19873	
1. Entity Name PINE PLAZA OFFICE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 12435 COLLIER BLVD NAPLES, FL 34116 US	Mailing Address 1810 I&C BLVD. UNIT 10 NAPLES, FL 34109 US
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DO NOT WRITE IN THIS SPACE



04192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0023278	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DAMICO, DARRYL J
1810 J & C BLVD UNIT 10
SUITE 107
NAPLES, FL 34109

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	P DAMICO, DARRYL J 1810 J & C BLVD UNIT 10 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONDORI, FRANKLIN 12435 COLLIER BLVD NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, EARL 840 2ND STREET SE NAPLES, FL 341172261
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/30/05-80077-002 61.25

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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)(i), 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: DARRYL DAMICO  **4-26-05 (239) 597-7171**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #