2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State
01-25-2001 90256 033 ****61.25

0072403

DOCUMENT # N27636

1. Entity Name

SHORES PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9532 SUMMER PLACE NAPLES FL 34109	9532 SUMMER PLACE NAPLES FL 34109

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
294 WILLOUGHBY DR. EXT. Suite, Apt. #, etc.	294 WILLOUGHBY DR, EXT Suite, Apt. #, etc.
City & State: NAPLES, FL	City & State: NAPLES, FL
Zip: 34110 Country: COLLIER	Zip: 34110 Country: COLLIER

4. FEI Number 65-0091613 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TRUPIANO, CATHERINE
9532 SUMMER PLACE
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name TRUPIANO, CATHERINE
Street Address (P.O. Box Number is Not Acceptable) 294 WILLOUGHBY DR. EXT.
City NAPLES **FL** Zip Code 34110

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TRUPIANO, JOSEPH SR. 9532 SUMMER PLACE NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TRUPIANO, JOSEPH SR. 294 WILLOUGHBY DR. EXT. NAPLES, FL 34110	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST TRUPIANO, CATHERINE 9532 SUMMER PLACE NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST TRUPIANO, CATHERINE 294 WILLOUGHBY DR. EXT NAPLES, FL 34110	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRUPIANO, CATHERINE 9532 SUMMER PLACE NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRUPIANO, CATHERINE 294 WILLOUGHBY DR EXT. NAPLES, FL 34110	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASTILLO, ROBERT 3426 SEMINOLE AVENUE NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASTILLO, ROBERT 1025 PINE ISLE LANE NAPLES, FL 34112	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Catherine M. Trupiano 1-16-2001 941-566-2563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #