

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90008 023 ****61.25

DOCUMENT # N47755

1. Entity Name
**PARAGON PROFESSIONAL CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**130 NINTH STREET NORTH
NAPLES, FL 33940**

Mailing Address
**C/O CAMERON REAL ESTATE
1250 TAMIAMI TRAIL N, SUITE 101
NAPLES, FL 34102 US**



04172007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0411855

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPANO, JOSEPH G
130 TAMIAMI TRAIL NORTH
STE 240
NAPLES, FL 34102**

**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 _____

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

(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	D
NAME	SPANO, JOSEPH G
STREET ADDRESS	130 TAMIAMI TRAIL NORTH STE 240
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	D
NAME	ZAMPOGNA, ANTONIO
STREET ADDRESS	575 BANYAN ROAD
CITY-ST-ZIP	NAPLES, FL
TITLE	D
NAME	SALVATORI, Robert W.
STREET ADDRESS	SCHULTZEL, LESLIE J 130 Tamiami Trail N.
CITY-ST-ZIP	440 KINGSTOWN DRIVE #100 NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07 239-261-1111
Date Daytime Phone #