

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90244 020 ****61.25

DOCUMENT # N47854

1. Entity Name

CRETAN ASSOCIATION OF NAPLES AND SOUTHWEST
FLORIDA, INC.



Principal Place of Business

26834 MCLAUGHLIN BLVD
BONITA SPRINGS FL 34134

Mailing Address

26834 MCLAUGHLIN BLVD
BONITA SPRINGS FL 34134

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0318232

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KONSTANTING, TSISKAKIS
26834 MCLAUGHLIN BLVD
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

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

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KONSTANTINE, TSISKAKIS ☐ Delete
STREET ADDRESS 26834 MCLAUGHLIN BLVD
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE VD
NAME PETRAKIS, MANNY ☒ Delete
STREET ADDRESS 971 ROSEWAY
CITY-ST-ZIP NAPLES FL 34104

TITLE TD
NAME ANDREOULAKIS, LUCY ☒ Delete
STREET ADDRESS 6081 18TH AVE NW
CITY-ST-ZIP NAPLES FL 34119

TITLE SD
NAME SPIROS, MANTADAKIS ☐ Delete
STREET ADDRESS 619 99TH AVE N
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME LAFHARIS ANDREAS ☐ Change ☐ Addition
STREET ADDRESS 175 4TH ST. S.
CITY-ST-ZIP NAPLES FL 34102

TITLE TD
NAME SPIROS MANTADAKIS ☒ Change ☐ Addition
STREET ADDRESS 619 99TH AVE N
CITY-ST-ZIP NAPLES FL 34108

TITLE SD
NAME KOKOLAKIS MICHAEL ☐ Change ☐ Addition
STREET ADDRESS 28440 WINTHROP CIR
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

KONSTANTINE TSISKAKIS

Date

Daytime Phone #

4/25/04 239 992 5526