


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N46446 (3)
1. Corporation Name
GOODLETTE PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 680 GOODLETTE RD., NORTH NAPLES FL 33940-5642	Mailing Address 680 GOODLETTE RD., NORTH NAPLES FL 33940-5642
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3. Date Incorporated or Qualified
12/12/1991

4. FEI Number
65-0302730

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**KNOTTS, JUDITH A. B
GOODLETTE PROFESSIONAL CENTER
680 GOODLETTE RD. NO.
NAPLES FL 34102**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	PAFF, BEVERLY BEVERLY	
STREET ADDRESS	680 GOODLETTE RD. NO.	
CITY-ST-ZIP	NAPLES FL	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	SPIL, SAMUEL	
STREET ADDRESS	680 GOODLETTE RD. NO.	
CITY-ST-ZIP	NAPLES FL	
TITLE	DK DIRECTOR	<input type="checkbox"/> DELETE
NAME	LITTLE, VEORA	
STREET ADDRESS	680 GOODLETTE RD. NO.	
CITY-ST-ZIP	NAPLES FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	DERNBACH PAUL	
STREET ADDRESS	680 GOODLETTE RD. N.	
CITY-ST-ZIP	NAPLES, FL	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	DERNBACH MARY JO	
STREET ADDRESS	680 GOODLETTE RD	
CITY-ST-ZIP	NAPLES, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 1/30/98 (941) 262-1721

CR2E037 (10/97)