

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jan 22, 1999 8:00am**  
**Secretary of State**

01-22-1999 90078 021 \*\*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N46446**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

12/12/1991

4. FEI Number

65-0302730

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing

**\$5.00** May Be  
 Added to Fees

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

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS  DELETE

NAME PFAFF, BEVERLY  
 STREET ADDRESS 680 GOODLETTE RD. NO.  
 CITY-ST-ZIP NAPLES FL

TITLE DP  DELETE

NAME DERNBACH, PAUL  
 STREET ADDRESS 680 GOODLETTE RD N  
 CITY-ST-ZIP NAPLES FL

TITLE D  DELETE

NAME LITTLE, VEORA  
 STREET ADDRESS 680 GOODLETTE RD N  
 CITY-ST-ZIP NAPLES FL

TITLE D  DELETE

NAME DERNBACH, MARY JO  
 STREET ADDRESS 680 GOODLETTE RD  
 CITY-ST-ZIP NAPLES FL

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  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, with all other like empowered.

SIGNATURE:

*Paul DERNBACH PRES.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99  
 Date

941-267-1721  
 Daytime Phone #

CR2E037 (1/98)