

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

0046976

DOCUMENT # N96000005949

03-31-2002 90348 028 ****61.25

1. Entity Name

SOUTHWEST PROFESSIONAL HEALTH PARK OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

265 AIRPORT ROAD SOUTH
 NAPLES FL 34104

265 AIRPORT ROAD SOUTH
 NAPLES FL 34104

2. Principal Place of Business

3. Mailing Address

1164 COLONIAL SQUARE REARTRY % COLONIAL SQUARE REARTRY
 Suite, Apt. #, etc.
1164 GOODLETTE RD.

P.O. BOX 10608
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
NAPLES FL

City & State
NAPLES FL

4. FEI Number
65-0818201

Applied For
 Not Applicable

Zip
34102

Country
U.S.

Zip
34101

Country
U.S.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

R & P PROPERTY MANAGEMENT
 265 AIRPORT ROAD SOUTH
 NAPLES FL 34104

Name
COLONIAL SQUARE REARTRY, INC.

Street Address (P.O. Box Number is Not Acceptable)
1164 GOODLETTE ROAD

City *NAPLES* **FL** Zip Code *34102*

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]

CHIP OLSON
PROPERTY MGR.

3-12-02

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	PT	<input type="checkbox"/> Delete
NAME	HIIRONEN, JAMES	
STREET ADDRESS	4099 TAMiami TRAIL NORTH STE 305	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	ECKERTY, THOMAS	
STREET ADDRESS	4099 TAMiami TRAIL NORTH STE 305	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	MYERS, SUE	
STREET ADDRESS	4099 TAMiami TRAIL NORTH STE 305	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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]* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-02 *941-263-1112*
 Date Daytime Phone #

CR2E037 (9/01)