


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90046 022 ****61.25

DOCUMENT # N96000005949

1. Entity Name
SOUTHWEST PROFESSIONAL HEALTH PARK OWNERS ASSOCIATION, INC.



Principal Place of Business
**C/O COLONIAL SQUARE REALTY
 1164 GOODLETTE RD
 NAPLES, FL 34102**

Mailing Address
**C/O COLONIAL SQUARE REALTY
 PO BOX 10608
 NAPLES, FL 34101**

94060529



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04072004 Chg-NP CR2E037 (10/03)

City & State

Zip

Country

4. FEI Number
65-0818201

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**OLSON, CHIP
 COLONIAL SQUARE REALTY INC
 1164 GOODLETTE ROAD
 NAPLES, FL 34102**

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

**Filing 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MCLAUGHLIN, HUGH	870 11TH AVE. N, #1	NAPLES, FL 34108	<input type="checkbox"/>
VPD	SIZEMORE, BRUCE	1710 SW HEALTH PKWY	NAPLES, FL 34109	<input checked="" type="checkbox"/>
STD	LEBHAR, STEVE	1713 SW HEALTH PKWY #1	NAPLES, FL 34109	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VPD	Bill Ramaskewich	1710 SW Health Pkwy	Naples FL 34109	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STD	Mark Singer	1890 SW Health Pkwy	Naples FL 34109	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 persons empowered.

SIGNATURE: Mark Singer **4-13-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Mark Singer, Secretary/Treasurer