
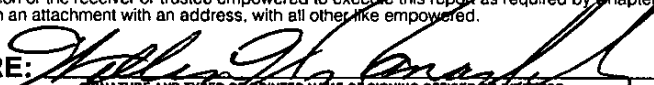


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90444 007 ****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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
OLSON, CHIP COLONIAL SQUARE REALTY INC 1164 GOODLETTE ROAD NAPLES, FL 34102				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCLAUGHLIN, HUGH	NAME			
STREET ADDRESS	870 11TH AVE. N, #1	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34108	CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAMASKEWICH, BILL	NAME			
STREET ADDRESS	1710 SW HEALTH PKWY	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34109	CITY-ST-ZIP			
TITLE	STD <input checked="" type="checkbox"/> Delete	TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MCGANN, BARBARA	NAME	Singer, Mark		
STREET ADDRESS	1713 SW HEALTH PKWY, #1	STREET ADDRESS	1990 Sw Health Parkway #104		
CITY-ST-ZIP	NAPLES, FL 34109	CITY-ST-ZIP	Naples FL 34109		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 117, 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: 			4/20/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		
Bill Ramaskevich					