

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 25, 2009
Secretary of State**

DOCUMENT# N96000005949

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

Current Principal Place of Business:

170 SW PROF. HEALTH PKWY
NAPLES, FL 34109

New Principal Place of Business:

1710 SW PROF. HEALTH PKWY
NAPLES, FL 34109

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0818201 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIP, OLSON
C/O COLONIAL SQUARE REALTY
1048 GOODLETTE RD, SUITE 201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: MARINO, LAUREEN
Address: 878 109TH AVENUE N
City-St-Zip: NAPLES, FL 34108

Title: VPD () Delete
Name: RAMASKEWICH, BILL
Address: 1710 SW HEALTH PKWY
City-St-Zip: NAPLES, FL 34109

Title: PD () Delete
Name: SINGER, MARK
Address: 1890 HEATH PKWY 104
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK SINGER

PD

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date