

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005949

FILED
Mar 26, 2012
Secretary of State

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

Current Principal Place of Business:

1710 SW PROF. HEALTH PKWY
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

C/O COLONIAL SQUARE MGMT. GROUP, LLC
P.O. BOX 10608
NAPLES, FL 34101 US

FEI Number: 65-0818201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

OLSON, CLIFFORD
C/O COLONIAL SQUARE MGMT. GROUP, LLC
720 GOODLETTE ROAD N., FLR 5
NAPLES, FL 34102 US

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:

03/26/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VPD
Name: DAVIS, CARLA
Address: 1710 SW HEALTH PKWY
City-St-Zip: NAPLES, FL 34109

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

I hereby 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 all other like empowered.

SIGNATURE: MARK SINGER

PD

03/26/2012

Electronic Signature of Signing Officer or Director

Date