

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004081

FILED  
Feb 08, 2009  
Secretary of State

**Entity Name:** HIGHPOINT DENTAL CENTRE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

991 HIGHPOINT DRIVE  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

991 HIGHPOINT DRIVE  
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number:** 01-0578659

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOHNSON, KENNETH R  
4001 TAMIAMI TRAIL NORTH  
SUITE 300  
NAPLES, FL 34103 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: D ( ) Delete  
Name: O'SULLIVAN, DAVID J DMD  
Address: 991 HIGHPOINT DRIVE #101  
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete  
Name: HEDGEPTH, ROBERT C DMD  
Address: 991 HIGHPOINT DRIVE #102  
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete  
Name: JOHNSON, KENNETH R ESQ.  
Address: 4001 TAMIAMI TRAIL NORTH #300  
City-St-Zip: NAPLES, FL 34103

**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: DAVID J. O'SULLIVAN

DR.

02/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date