2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004081

FILED Apr 25, 2011 Secretary of State

Entity Name: HIGHPOINT DENTAL CENTRE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

991 HIGHPOINT DRIVE 987 HIGH POINT DRIVE NAPLES, FL 34103 NAPLES, FL 34103

Current Mailing Address: New Mailing Address:

991 HIGHPOINT DRIVE 987 HIGH POINT DRIVE NAPLES, FL 34103 987 HIGH POINT DRIVE NAPLES, FL 34103

FEI Number: 01-0578659 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

JOHNSON, KENNETH R 4001 TAMIAMI TRAIL NORTH SUITE 300 NAPLES, FL 34103 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: [

 Name:
 O'SULLIVAN, DAVID J DMD

 Address:
 987 HIGH POINT DRIVE

 City-St-Zip:
 NAPLES, FL 34103

Title: D

 Name:
 HEDGEPATH, ROBERT C DMD

 Address:
 991 HIGH POINT DRIVE

 City-St-Zip:
 NAPLES, FL 34103

Title:

Name: JOHNSON, KENNETH R ESQ. Address: 4001 TAMIAMI TRAIL NORTH #300

City-St-Zip: NAPLES, FL 34103

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: DAVID J. O'SULLIVAN, D.M.D.

DR.

04/25/2011