

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001563

FILED
Mar 18, 2011
Secretary of State

Entity Name: GOODLETTE MEDICAL PARK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

661-681 GOODLETTE RD
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8537
NAPLES, FL 34101

New Mailing Address:

FEI Number: 26-1143228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBER, DONALD R
3606 ENTERPRISE AVE
NAPLES, FL 34104 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: PD
Name: BARBER, DONALD R
Address: 3606 ENTERPRISE AVE
City-St-Zip: NAPLES, FL 34104

Title: VD
Name: BURNS, KEVIN
Address: 6060 HIDDEN OAKS LN
City-St-Zip: NAPLES, FL 34119

Title: VD
Name: ENGEL, MELVIN
Address: 3606 ENTERPRISE AVE
City-St-Zip: NAPLES, FL 34104

Title: T
Name: BUNNELL, JAMES
Address: 3606 ENTERPRISE AVE
City-St-Zip: NAPLES, FL 34104

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: DEAN PREVOLOS

MGR

03/18/2011

Electronic Signature of Signing Officer or Director

Date