

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010684

FILED
Jan 09, 2009
Secretary of State

Entity Name: HIGH POINT PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

19 HERITAGE WAY
NAPLES, FL 34110

New Principal Place of Business:

925 HIGH POINT DRIVE
NAPLES, FL 34103

Current Mailing Address:

19 HERITAGE WAY
NAPLES, FL 34110

New Mailing Address:

925 HIGH POINT DRIVE
NAPLES, FL 34110

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WOOD, DOUGLAS A
1000 TAMiami TRAIL NORTH
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: PTD (X) Delete
Name: MONCRIEF, MARK
Address: 19 HERITAGE WAY
City-St-Zip: NAPLES, FL 34110

Title: SVD () Delete
Name: GODLEY, GARY
Address: 2022 MERLIN COURT
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: GODLEY, LANCE
Address: 2022 MERLIN COURT
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PTD (X) Change () Addition
Name: GODLEY, GARY
Address: 2022 MERLIN COURT
City-St-Zip: NAPLES, FL 34105

Title: D (X) Change () Addition
Name: GODLEY, LANCE
Address: 925 HIGH POINT DRIVE
City-St-Zip: NAPLES, FL 34103

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: GARY A GODLEY

PTD

01/09/2009

Electronic Signature of Signing Officer or Director

Date