

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003683

FILED  
Mar 26, 2009  
Secretary of State

**Entity Name:** PROFESSIONAL VILLAGE AT NORTHBROOKE MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

12810 TAMIAMI TRAIL NORTH  
NAPLES, FL 34119

**New Principal Place of Business:**

PROFESSIONAL CIRCLE  
NAPLES, FL 34119

**Current Mailing Address:**

PO BOX 10608  
NAPLES, FL 34110

**New Mailing Address:**

**FEI Number:** 26-0546537

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLONIAL SQUARE REALTY  
1048 GOODLETTE ROAD #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: D ( ) Delete  
Name: STOCK, BRIAN K  
Address: 4501 TAMIAMI TRIAL NORTH SUITE 300  
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete  
Name: GATES, TODD E  
Address: 12810 TAMIAMI TRAIL NORTH  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: FLAVIN, JOHN  
Address: 12810 TAMIAMI TRAIL NORTH  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: ANKNEY, KAREN B  
Address: 12810 TAMIAMI TRAIL NORTH  
City-St-Zip: NAPLES, FL 34110

**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:

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: CLIFFORD OLSON

RA

03/26/2009

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

\_\_\_\_\_  
Date