

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000003683

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

PROFESSIONAL CIRCLE  
NAPLES, FL 34119

**New Principal Place of Business:**

**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  
Name: KOCSES, CHAD  
Address: 2647 PROFESSIONAL CIRCLE #1201  
City-St-Zip: NAPLES, FL 34119

Title: D  
Name: MCCHESENEY, VALERIE  
Address: 2647 PROFESSIONAL CIRCLE #1201  
City-St-Zip: NAPLES, FL 34119

Title: D  
Name: GELDER, KEITH  
Address: 2647 PROFESSIONAL CIRCLE #1201  
City-St-Zip: NAPLES, FL 34119

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: CLIFFORD OLSON

AGNT

04/05/2010

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

\_\_\_\_\_  
Date