

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N08356

1. Entity Name
**DOCTORS PROFESSIONAL BUILDING CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**150 9TH ST N
NAPLES, FL 34102 US**

Mailing Address
**681 GOODLETTE ROAD N
#130
NAPLES, FL 34102 US**



DO NOT WRITE IN THIS SPACE

01242006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2533386

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HUSSEY, ORVILLE H
150 TAMiami TR N
NAPLES, FL 33940**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUSSEY, KEITH P. 150 9TH STREET N NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIESEN, SCOTT L. 150 9TH ST. N. NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MECKSTROTN, STEVEN 150 9TH ST. N. NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000414691
02/11/06-80047-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DIRECTOR

1-26-06

239-649-1037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #