


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 24, 2007 08:00 A
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		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	HUSSEY, KEITH P.	
STREET ADDRESS	150 9TH STREET N	
CITY- ST- ZIP	NAPLES, FL	
TITLE	D	
NAME	WIESEN, SCOTT L.	
STREET ADDRESS	150 9TH ST. N.	
CITY- ST- ZIP	NAPLES, FL	
TITLE	D	
NAME	MECKSTROTN, STEVEN	
STREET ADDRESS	150 9TH ST. N.	
CITY- ST- ZIP	NAPLES, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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 to an address with all other like empowered.		
SIGNATURE: <i>Keith Hussey MD</i>		012207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date
		Daytime Phone # 239-643-9767



01092007 No Chg-NP CR2E037 (4/06)

4. FBI Number 59-2533386	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/26/07-80061-014 61.25

**DO NOT WRITE
IN THIS SPACE**