

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N45294** (8)

1. Corporation Name

**CASTELLO PROFESSIONAL CENTER, INC.**

Principal Place of Business

**1044 CASTELLO DRIVE  
NAPLES FL 33940**

Mailing Address

**1044 CASTELLO DRIVE  
NAPLES FL 33940**



3. Date Incorporated or Qualified

**09/24/1991**

3a. Date of Last Report

**02/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRANKE, DONALD T.  
1044 CASTELLO DRIVE #101  
NAPLES FL 33940**

81 Name

**Southwest Property Management Corp.**

82

Street Address (P.O. Box Number is Not Acceptable)  
**1044 Castello Drive, Suite 206**

83

84

City  
**Naples**

FL

85

Zip Code  
**33940**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Stephen E. Williams*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

**3/26/96**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **BECKWITH, SKIP**  
STREET ADDRESS **1044 CASTELLO DR #211**  
CITY-ST-ZIP **NAPLES FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VPD** ☐ DELETE  
NAME **FRANKE, DONALD T.**  
STREET ADDRESS **1044 CASTELLO DRIVE #101**  
CITY-ST-ZIP **NAPLES FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE  
NAME **STAHNKE, RONALD**  
STREET ADDRESS **1044 CASTELLO DR #201**  
CITY-ST-ZIP **NAPLES FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **ASD** ☐ DELETE  
NAME **WILLIAMS, STEPHEN E.**  
STREET ADDRESS **1044 CASTELLO DR #206**  
CITY-ST-ZIP **NAPLES FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **LINTZENICH, DONALD**  
STREET ADDRESS **1044 CASTELLO DRIVE #109**  
CITY-ST-ZIP **NAPLES FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE  
NAME **WILLIAMS, HAROLD E**  
STREET ADDRESS **1044 CASTELLO DRIVE #206**  
CITY-ST-ZIP **NAPLES FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Harold E. Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/24/96**

**941-262-1764**

Date

Daytime Phone #

CR2E037 (12/95)