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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45294** (8)

1. Corporation Name

CASTELLO PROFESSIONAL CENTER, INC.

Principal Place of Business

Mailing Address

**1044 CASTELLO DRIVE
NAPLES FL 33940**

**1044 CASTELLO DRIVE
NAPLES FL 33940**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 *Suite 206*
City & State

23 Zip *34103*

Country

28 Zip *34103*

Country

24 *34103*

25 Country

29 *34103*

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/24/1991

4. FEI Number

65-0296910

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

**SOUTHWEST PROPERTY MANAGEMENT CORP
1044 CASTELLO DRIVE
SUITE 208
NAPLES FL 33940**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code *34103*

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

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

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

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

TITLE **ASD**
NAME **WILLIAMS, STEPHEN E.**
STREET ADDRESS **1044 CASTELLO DR #208**
CITY-ST-ZIP **NAPLES FL**

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

TITLE **SD**
NAME **WILLIAMS, HAROLD E**
STREET ADDRESS **1044 CASTELLO DRIVE #208**
CITY-ST-ZIP **NAPLES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

1.1 TITLE **PD**
1.2 NAME **Beckwith Jr., C. Gorham**
1.3 STREET ADDRESS **1044 Castello Drive, Suite 211**
1.4 CITY-ST-ZIP **Naples, FL 34103**

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

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

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

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

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Stephen E. Williams* **STEPHEN E. WILLIAMS** *4/9/98* **941-261-3440**

CR2E037 (10/97)