


FILE NOW: FILING FEE IS \$61.25

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Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90074 045 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N45294

1. Corporation Name

CASTELLO PROFESSIONAL CENTER, INC.

Principal Place of Business

1044 CASTELLO DRIVE
 NAPLES FL 34103
 US

Mailing Address

1044 CASTELLO DRIVE
 SUITE 206
 NAPLES FL 34103
 US



| | | |
|--------------------------------|------------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 09/24/1991 |
| 22 City & State | 27 City & State | 4. FEI Number |
| 23 Zip | 28 Zip | 65-0296910 |
| 24 Country | 30 Country | Applied For |
| | | Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

SOUTHWEST PROPERTY MANAGEMENT CORP
 1044 CASTELLO DRIVE
 SUITE 206
 NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BECKWITH JR., C. GORHAM | 1.2 NAME | |
| STREET ADDRESS | 1044 CASTELLO DR #211 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL 34103 | 1.4 CITY-ST-ZIP | |
| TITLE | VPD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FRANKE, DONALD T. | 2.2 NAME | Aldredge, Noreen |
| STREET ADDRESS | 1044 CASTELLO DRIVE #101 | 2.3 STREET ADDRESS | 1044 Castello Dr. #213 |
| CITY-ST-ZIP | NAPLES FL | 2.4 CITY-ST-ZIP | Naples, FL |
| TITLE | TD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STAHNKE, RONALD | 3.2 NAME | Couch, Deck |
| STREET ADDRESS | 1044 CASTELLO DR #201 | 3.3 STREET ADDRESS | 1044 Castello Dr. #201 |
| CITY-ST-ZIP | NAPLES FL | 3.4 CITY-ST-ZIP | Naples, FL |
| TITLE | ASD <input type="checkbox"/> DELETE | 4.1 TITLE | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, STEPHEN E. | 4.2 NAME | |
| STREET ADDRESS | 1044 CASTELLO DR #206 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | |
| NAME | LINTZENICH, DONALD | 5.2 NAME | |
| STREET ADDRESS | 1044 CASTELLO DRIVE #109 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 5.4 CITY-ST-ZIP | |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WILLIAMS, HAROLD E | 6.2 NAME | Logrippo, Philip |
| STREET ADDRESS | 1044 CASTELLO DRIVE #206 | 6.3 STREET ADDRESS | 1044 Castello Dr. #110 |
| CITY-ST-ZIP | NAPLES FL | 6.4 CITY-ST-ZIP | Naples, FL |

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, with all other like empowered.

SIGNATURE:

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

1/26/99
 Date

941-261-3440
 Daytime Phone #

CR2E037 (1/98)