

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45294

FILED
Jan 12, 2007
Secretary of State

Entity Name: CASTELLO PROFESSIONAL CENTER, INC.

Current Principal Place of Business:

1044 CASTELLO DRIVE
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

1044 CASTELLO DRIVE
SUITE 206
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 65-0296910 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: GIBBS, BONNIE
Address: 1044 CASTELLO DR., SUITE 211
City-St-Zip: NAPLES, FL

Title: S () Delete
Name: WILLIAMS, STEPHEN E
Address: 1044 CASTELLO DR #206
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: KLEIN, BURKHARD
Address: 1044 CASTELLO DR 3103
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: LOGRIPPO, PHILLIP
Address: 1044 CASTELLO DR. #206
City-St-Zip: NAPLES, FL 34103

Title: T () Delete
Name: PIOTROWSKI, BRAD
Address: 1044 CASTELLO DR #202
City-St-Zip: NAPLES, FL 34103

Title: P (X) Delete
Name: HAINES, NOREEN
Address: 1044 CASTELLO DR., SUITE 213
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: KLEIN, BURKHARD
Address: 1044 CASTELLO DR 3103
City-St-Zip: NAPLES, FL 34103

Title: T (X) Change () Addition
Name: LOGRIPPO, PHILLIP
Address: 1044 CASTELLO DR. #206
City-St-Zip: NAPLES, FL 34103

Title: D (X) Change () Addition
Name: WHEELER, MARY
Address: 1044 CASTELLO DRIVE, STE 206
City-St-Zip: NAPLES, FL 34103

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN E. WILLIAMS

D

01/12/2007

Electronic Signature of Signing Officer or Director

Date