

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45294

FILED
Apr 08, 2009
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: P () 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: GARDY, DEAN
Address: 1044 CASTELLO DRIVE, STE 109
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GIBBS, BONNIE
Address: 1044 CASTELLO DR., SUITE 211
City-St-Zip: NAPLES, FL

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

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

Title: VP (X) Change () Addition
Name: LOGRIPPO, PHILLIP
Address: 1044 CASTELLO DR. #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 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: BURKHARD KLEIN

P

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date