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Feb 16 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46446 (3)

1. Corporation Name

GOODLETTE PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

680 GOODLETTE RD., NORTH
NAPLES FL 33940-5642

680 GOODLETTE RD., NORTH
NAPLES FL 33940-5642

3. Date Incorporated or Qualified

12/12/1991

4. FEI Number

65-0302730

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

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

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNOTTS, JUDITH A. B
GOODLETTE PROFESSIONAL CENTER
680 GOODLETTE RD. NO.
NAPLES FL 34102

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 DS
NAME PFAFF, ~~JOHN~~ BEVERLY
STREET ADDRESS 680 GOODLETTE RD. NO.
CITY-ST-ZIP NAPLES FL

TITLE DVS
NAME SPIL, SAMUEL
STREET ADDRESS 680 GOODLETTE RD. NO.
CITY-ST-ZIP NAPLES FL

TITLE ~~DK DIRECTOR~~
NAME LITTLE, VEORA
STREET ADDRESS 680 GOODLETTE RD. NO.
CITY-ST-ZIP NAPLES FL

TITLE DP
NAME DERNBACH PAUL
STREET ADDRESS 680 GOODLETTE RD. NO.
CITY-ST-ZIP NAPLES, FL

TITLE DIRECTOR
NAME DERNBACH MARY JO
STREET ADDRESS 680 GOODLETTE RD
CITY-ST-ZIP NAPLES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

6.1 TITLE
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:

[Signature]

1/30/98 (941) 262-1721

CR2E037 (10/97)