SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # N93000005816 (4)

1. Corporation Name
NAPLES PROFESSIONAL CENTER CONDOMINIUM ASSOCIATI
ON, INC.

Principal Place of Business	Mailing Address
4933 NORTH TAMIAMI TRAIL NAPLES FL ~~33940~~ 34103	4933 NORTH TAMIAMI TRAIL NAPLES FL ~~33940~~ 34103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/10/1994
3a. Date of Last Report: 03/04/1996
4. FEI Number: 65-0470349 ☐ 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
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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip 34103 / 25 Country	29 Zip 34103 / 30 Country

9. Name and Address of Current Registered Agent

GARLICK, THOMAS B
800 LAUREL OAK DRIVE
SUITE 400
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name: SAME NAME PERSON
82 Street Address (P.O. Box Number is Not Acceptable): 8889 PELICAN BAY BOULEVARD
83 SUITE 300
84 City: NAPLES FL 85 Zip Code 34108

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	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GARRETT, DONALD F	1.2 NAME	
STREET ADDRESS	821 BUTTON BUSH LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	2.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	RUBINTON, JON	2.2 NAME	GARRETT, MARGARET A.
STREET ADDRESS	SUITE 400, 800 LAUREL OAK DR.	2.3 STREET ADDRESS	821 BUTTONBUSH LANE
CITY-ST-ZIP	NAPLES FL 33963	2.4 CITY-ST-ZIP	NAPLES FL. 34108
TITLE	D ☒ DELETE	3.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	GARLICK, THOMAS B	3.2 NAME	PAYNE, ROBERT W.
STREET ADDRESS	SUITE 400, 800 LAUREL OAK DR.	3.3 STREET ADDRESS	4933 N. TAMIAMI TRAIL
CITY-ST-ZIP	NAPLES FL 33963	3.4 CITY-ST-ZIP	NAPLES FL. 34103
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (4/97)

14. I do 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 REQUIRED DONALD F. GARRETT 08-07-97 (941)