## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

## DOCUMENT # N93000005816

NAPLES PROFESSIONAL CENTER CONDOMINIUM ASSOCIATI ON, INC.

Principal Place of Busin	ness
4933 NORTH TAMIAMI T NAPLES FL 34103 US	RAIL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

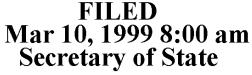
4933 NORTH TAMIAMI TRAIL NAPLES FL 34103

US

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03-10-1999 90096 004 \*\*\*\*61.25

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3. Date Incorporated or Qualifed

5. Certificate of Status Desired

01/10/1994

65-0470349

4. FEI Number

9. Name and Address of Current Registered Agent  9. Name and Address of Name Registered Agent  10. Name and Address of Name Registered Agent  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florids 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 Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florids. Statutes, the above-named corporation submits this statement for the purpose of change is registered office or registered agent, or both, in the State of Florids. Statutes, the above-named corporation submits this statement for the purpose of change is registered office or registered agent, or both, in the State of Florids. Statutes, the above-named corporation submits this statement for the purpose of change is registered office or registered agent, or both, in the State of Florids. Statutes, the above-named corporation submits this statement for the purpose of change is registered office or registered agent, or both, in the State of Florids. Statutes, the above-named corporation submits this statement for the purpose of change is registered of the city.  12.	Zip	Country	Zip		Country		6. Election Campaign Financing		\$5.00 N	lav Be		
9. Name and Address of Current Registered Agent    State   Street Address of New Registered Agent   State   Street Address of New Registered Agent   State   Street Address (P.O. Box Number is Not Acceptable)	4	25	29	30			Trust Fund Contribution	⊔				
GARLICK, THOMAS B  8889 PELICAN BAY BLVD  STE 300  NAPLES FL 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 office or registered agent, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and mainlies with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS-AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS-AND DIRECTORS IN 12  12. NAME  GARRETT, DONALD F  13. STREET ADDRESS  13. ADDITIONS/CHANGES TO OFFICERS-AND DIRECTORS IN 12  12. NAME  13. STREET ADDRESS  13. ADDITIONS/CHANGES TO OFFICERS-AND DIRECTORS IN 12  12. NAME  13. STREET ADDRESS  13. ADDITIONS/CHANGES TO OFFICERS-AND DIRECTORS IN 12  12. NAME  13. STREET ADDRESS  14. CITY ST. ZP  NAPLES FL  14. CITY ST. ZP  14. CITY ST. ZP  15. ADDITIONS/CHANGES TO OFFICERS-AND DIRECTORS IN 12  12. NAME  13. STREET ADDRESS  14. CITY ST. ZP  14. CITY ST. ZP  14. CITY ST. ZP  15. ADDITIONS/CHANGES TO OFFICERS-AND DIRECTORS IN 12  12. NAME  13. STREET ADDRESS  14. CITY ST. ZP  14. CITY ST. ZP  15. ADDITIONS/CHANGES TO OFFICERS-AND DIRECTORS IN 12  12. NAME  13. STREET ADDRESS  14. CITY ST. ZP  14. CITY ST. ZP  15. ADDITIONS/CHANGES TO OFFICERS-AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS-AND DIRECTORS IN 12  16. Change   Addition    16. Change   Addition    17. Change   Addition    18. Change   Addition		VI										
8889 PELICAN BAY BLVD STE 300 NAPLES FL 34108  83  APPLES FL 34108  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Floridal 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, Floridal Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS-NND DIRECTORS IN 12  ITIME  CARRETT, DONALD F  SIRRETADORSS S21 BUTTONBUSH LANE  1.3 SIRRETADORSS S21 BUTTONBUSH LANE  1.4 CITY-ST-ZP  NAPLES FL  OFLICE  OFLICE  2.2 ITIME  2.2 SIRRETADORSS  GARRETT, MARGARET A  2.2 SIRRETADORSS  STREET ADORSS  STREET ADORSS  MAPLES FL  OBLETE  2.3 SIRRETADORSS  3.3 TIERRA LAGO WAY  ADDITIONS/CHANGES TO OFFICERS-NND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  STREET ADORSS  ORT-ST-ZP  NAPLES FL  OBLETE  1.3 SIRRETADORSS  2.4 CITY-ST-ZP  NAPLES FL  OBLETE  2.3 SIRRETADORSS  3.3 TIERRA LAGO WAY  ADDITIONS/CHANGES TO OFFICERS-NND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition  STREET ADORSS  ORT-ST-ZP  TIME  DELETE  5.1 TIME  2.2 NAME  4.3 STREET ADORSS  CITY-ST-ZP  TIME  DELETE  5.5 TIME  2.2 NAME  4.3 STREET ADORSS  CITY-ST-ZP  TIME  DELETE  5.5 TIME  2.2 NAME  4.3 STREET ADORSS  STREET ADORSS  CITY-ST-ZP  TIME  DELETE  5.5 TIME  2.2 NAME  4.5 STREET ADORSS  S					81	Name	L.			1		
8889 PELICAN BAY BLVD STE 300 NAPLES FL 34108  83  APPLES FL 34108  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Floridal 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, Floridal Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS-NND DIRECTORS IN 12  ITIME  CARRETT, DONALD F  SIRRETADORSS S21 BUTTONBUSH LANE  1.3 SIRRETADORSS S21 BUTTONBUSH LANE  1.4 CITY-ST-ZP  NAPLES FL  OFLICE  OFLICE  2.2 ITIME  2.2 SIRRETADORSS  GARRETT, MARGARET A  2.2 SIRRETADORSS  STREET ADORSS  STREET ADORSS  MAPLES FL  OBLETE  2.3 SIRRETADORSS  3.3 TIERRA LAGO WAY  ADDITIONS/CHANGES TO OFFICERS-NND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  STREET ADORSS  ORT-ST-ZP  NAPLES FL  OBLETE  1.3 SIRRETADORSS  2.4 CITY-ST-ZP  NAPLES FL  OBLETE  2.3 SIRRETADORSS  3.3 TIERRA LAGO WAY  ADDITIONS/CHANGES TO OFFICERS-NND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition  STREET ADORSS  ORT-ST-ZP  TIME  DELETE  5.1 TIME  2.2 NAME  4.3 STREET ADORSS  CITY-ST-ZP  TIME  DELETE  5.5 TIME  2.2 NAME  4.3 STREET ADORSS  CITY-ST-ZP  TIME  DELETE  5.5 TIME  2.2 NAME  4.3 STREET ADORSS  STREET ADORSS  CITY-ST-ZP  TIME  DELETE  5.5 TIME  2.2 NAME  4.5 STREET ADORSS  S	GARI ICK	THOMAS R			82	Street A	Address (P.O. Box Number is Not Accep	table)				
STE 300 NAPLES FL 34108  184 City FL  185 Zip Code  197. 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approach registered agent, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE Signature, hyped or printed name of impassand speel and title if applicable.  187. OFFICERS AND DIRECTORS  188. Zip Code  The corporation's board of directors. I hereby accept the approach the registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  188. Zip Code  The corporation's board of directors. I hereby accept the approach the registered agent. I am familiar with, and accept the obligations of Section 617,0503, Florida Statutes.  188. Zip Code  The corporation's board of directors. I hereby accept the approach the registered agent. I am familiar with, and accept the obligations of Section 617,0503, Florida Statutes.  189. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  199. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  209. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  21 TITLE  22 NAME  23 STREET ADDRESS  24 CITY 51.72P  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  25 TITLE  27 NAME  28 STREET ADDRESS  28 TITLE TO ORESS  29 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  20 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  21 TITLE  22 NAME  23 STREET ADDRESS  24 CITY 51.72P  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFIC							,					
NAPLES FL 34108    11. Pursuant to the provisions of Sections 817,0502 and 817,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registared 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 registared agent and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registared office or registered agent and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registared of segundary and accept the obligation of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registared of segundary accept the objective of change was authorized by the corporation's board of directors. I hereby accept the appointment as registared authorized by the corporation's board of directors. I hereby accept the appointment as registared authorized by the corporation's board of directors. I hereby accept the appointment as registared authorized by the corporation's board of directors. I hereby accept the appointment as registared authorized by the corporation's board of directors. I hereby accept the appointment as registared authorized by the corporation's board of directors. I hereby accept the appointment as registared by accept the corporation's board of directors. I hereby accept the appointment as registared by accept the purpose of changing its registared by accept the appointment as registared by accept the purpose of changing its registared by accept the corporation's board of directors. I hereby accept the appointment as registared and purpose of change in the corporation and accept the objective and accept the ob		DAN BAT DEVD			83					1		
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(AIY-SI-AP )	STREET ADDRESS					ĺ				i		
	CITY-ST-ZIP						1 - Carting 440 07/2/0) Florida Statuto	I further on	diffy that the in	formation		

indicated on this annual report or supplied with an address, with all other like empowered.

The supplied with an understanding supplied with an address, with all other like empowered by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changer, or on a statistical with an address, with all other like empowered.

SIGNATURE:

Applied For

\$8.75 Additional

Fee Required

Not Applicable