

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000005816**

1. Entity Name  
**NAPLES PROFESSIONAL CENTER CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**4933 NORTH TAMiami TRAIL  
NAPLES, FL 34103 US**

Mailing Address  
**4933 NORTH TAMiami TRAIL  
NAPLES, FL 34103 US**



01312006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0470349**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GARLICK, THOMAS B  
5551 RIDGEWOOD DRIVE  
SUITE 101  
NAPLES, FL 34108**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	GARRETT, DONALD F
STREET ADDRESS	4933 N. TAMiami TRAIL
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	STD
NAME	CULLINAN, LEO R
STREET ADDRESS	4933 TAMiami TRAIL, #101
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	VPD
NAME	DAVIS, TIMOTHY
STREET ADDRESS	4933 N. TAMiami TRAIL, #100
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000543854  
05/13/06-80036-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04.27.06 239.643.2900**

Date

Daytime Phone #