2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N93000005816

Entity Name: NAPLES PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4933 NORTH TAMIAMI TRAIL
NAPLES, FL 34103 US

New Principal Place of Business:

4933 NORTH TAMIAMI TRAIL
SUITE # 300
NAPLES, FL 34103 US

Current Mailing Address:

4933 NORTH TAMIAMI TRAIL
NAPLES, FL 34103 US

New Mailing Address:

4933 NORTH TAMIAMI TRAIL
SUITE # 300
NAPLES, FL 34103 US

FEI Number: 65-0470349 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GARLICK, THOMAS B
9115 CORSEA DEL FONTANA WAY
SUITE 100
NAPLES, FL 34109 US

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: _____ 04/09/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GARRETT, DONALD F
Address: 4933 N. TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34103

Title: STD ( ) Delete
Name: CULLINAN, LEO R
Address: 4933 TAMIAMI TRAIL, #101
City-St-Zip: NAPLES, FL 34103

Title: VPD ( ) Delete
Name: DAVIS, TIMOTHY
Address: 4933 N. TAMIAMI TRAIL, #100
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DONALD F. GARRETT PD 04/09/2009
Electronic Signature of Signing Officer or Director — Date