

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90049 006 \*\*\*\*61.25

**DOCUMENT # N96000000455**

1. Entity Name  
**HIGH POINT PROFESSIONAL CENTER ASSOCIATION, INC.**



Principal Place of Business  
**3435 10TH STREET NORTH  
SUITE 101  
NAPLES, FL 34103 US**

Mailing Address  
**3435 10TH STREET NORTH  
SUITE 101  
NAPLES, FL 34103 US**

**50018995**

2. Principal Place of Business

**5770 Yahl Street**

Suite, Apt. #, etc.

3. Mailing Address

**5770 Yahl Street**

Suite, Apt. #, etc.

02112005 Chg-NP CR2E037 (10/03)

City & State

**Naples, FL**

City & State

**Naples, FL**

4. FEI Number  
**59-3430325**

Applied For  
Not Applicable

Zip  
**34109**

Country  
**US**

Zip  
**34109**

Country  
**US**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RICHMAN, KENNETH W JR  
8955 FONTANA DEL SOL WAY  
PO BOX 111682  
NAPLES, FL 34109**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **JONES, DAVID C.**  
STREET ADDRESS **3435 10TH STREET NORTH**  
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **D** ☐ Delete  
NAME **FITZGERALD, TERENCE**  
STREET ADDRESS **3435 10TH STREET NORTH**  
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **D** ☐ Delete  
NAME **RICHMAN, KENNETH W JR**  
STREET ADDRESS **2640 GOLDEN GATE PARKWAY STE 206**  
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition  
NAME **Fitzgerald, Terence**  
STREET ADDRESS **5770 Yahl Street**  
CITY-ST-ZIP **Naples, FL 34109**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:** **Terence Fitzgerald**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/18/05**

Date

**(239) 597-8179**

Daytime Phone #