
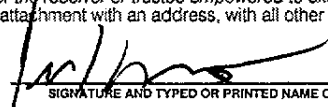


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000000455		
1. Entity Name HIGH POINT PROFESSIONAL CENTER ASSOCIATION, INC.		
Principal Place of Business 5770 YAHL STREET NAPLES, FL 34109 US	Mailing Address 5770 YAHL STREET SUITE 101 NAPLES, FL 34109 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RICHTMAN, KENNETH W JR 8955 FONTANA DEL SOL WAY PO BOX 111682 NAPLES, FL 34109		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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		UD00000424981 02/18/06-80076-002 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZGERALD, TERENCE 5770 YAHL STREET NAPLES, FL 34109	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHTMAN, KENNETH W JR 2640 GOLDEN GATE PARKWAY STE 206 NAPLES, FL 34103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01242006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3430325	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

3 Feb 2006 549-8179
Date Daytime Phone #