

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90026 048 ****61.25

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

2. Principal Place of Business - No P.O. Box #

3435 - 10th St N.

3. Mailing Address

3435 - 10th St N.

Suite, Apt. #, etc.

Suite 302

Suite, Apt. #, etc.

Suite 302

City & State

Naples FL

City & State

Naples FL

Zip

34103

Country

USA

Zip

34103

Country

USA

4. FEI Number

59-3430325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AREO, STEVEN
3435 10TH ST. N.
SUITE 304
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Arco, Steven (misspelled)

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

3435 - 10th St. N. # 304

City

Naples

FL

Zip Code

34103

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] Treas/Secretary

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

(NOTE: Registered Agent signature is required when reappointing)

3-31-08

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2008

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	P	<input type="checkbox"/> Delete
NAME	AREO, STEVEN	
STREET ADDRESS	3435 10TH ST. N., 304	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	V	<input type="checkbox"/> Delete
NAME	RIVAS, RICARDO	
STREET ADDRESS	3435 10TH ST. N., 303	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	TS	<input type="checkbox"/> Delete
NAME	BOS, KIMBERLY A	
STREET ADDRESS	3435 10TH ST. N., 302	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arco, Steven	
STREET ADDRESS	(misspelled)	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-08

Date

239.353.8515

Daytime Phone #