## **2006 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # N96000001391



Apr 28, 2006 8:00 am Secretary of State 04-28-2006 90158 039 \*\*\*\*61.25

**FILED** 

NORTH NAPLES MEDICAL PARK OWNERS ASSOCIATION, INC.
,

ASSOCIA	ATION, INC.						
	re of Business REET NORTH 34102	Mailing Address P.O. BOX 727 NAPLES, FL 34106					
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04062006 Ch	ng-NP CR2E	037 (11/05)	
City & State		City & State		4. FEI Number NOT APPLI	CABLE		oplied For of Applicable
Zip	Country .	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registered	d Agent	
COOPER,	KEVIN		Name				
	STREET NORTH		Street Address	(P.O. Box Number is N	Not Acceptable)		
			City		F	L Zip Cod	е
	named entity submits this statement for	or the purpose of changing its	registered office or registe	ered agent, or both, in	the State of Florida. I ar	n familiar with,	and accept
	area, en agam						
SIGNATURE	Signature, typed or printed name of registered agent	and tills if applicable (MOTE	Registered Agent signature require	ard when remetations	DATE	:	
	orgination, typed or printed name or registered again	and the mappingable. (NOTE	registered Agent signature require	d when lanslating)			
	Filing Fee is \$61.25	9. Election Cam	9. Election Campaign Financing Trust Fund Contribution.		Make che	ck payable to	n I
	Due by May 1, 2006	I		\$5.00 May Be Added to Fees		artment of Si	
10.	Due by May 1, 2006 OFFICERS AND DI	Trust Fund Co	ontribution.	Added to Fees		artment of Si	tate
TITLE	Due by May 1, 2006  OFFICERS AND DIE	Trust Fund C	Ontribution. □  11.  MILE	Added to Fees	Florida Depa	artment of Si	tate
	Due by May 1, 2006 OFFICERS AND DI	Trust Fund Co	ontribution.	Added to Fees	Florida Depa	DIRECTORS IN	tate
TITLE NAME	Due by May 1, 2006  OFFICERS AND DII  D  MORTON, EDWARD  350 7 ST N  NAPLES, FL 34102	Trust Fund Co	Ontribution.	Added to Fees	Florida Depa	DIRECTORS IN	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2006  OFFICERS AND DIE  D  MORTON, EDWARD  350 7 ST N  NAPLES, FL 34102  STD	Trust Fund Co	Ontribution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	Added to Fees	Florida Depa	DIRECTORS IN	tate
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2006  OFFICERS AND DIE  D  MORTON, EDWARD  350 7 ST N  NAPLES, FL 34102  STD  RAY, LARRY	Trust Fund Co	Ontribution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	Added to Fees	Florida Depa	DIRECTORS IN Change	tate
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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 apartiess, with all other like empowered.

SIGNATURE:

Date

<u> 239-436-5100</u>