



**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000002496</b>			
1. Entity Name <b>HORSESHOE PROFESSIONAL PARK CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>2780 S HORSESHOE DR SUITE 1 NAPLES, FL 34104</b>	Mailing Address <b>2780 S HORSESHOE DR SUITE 1 NAPLES, FL 34104</b>		
DO NOT WRITE IN THIS SPACE			
		  01202007 No Chg-NP      CR2E037 (4/06)	
		4. FEI Number <b>59-3571561</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALFORD, PAUL R 2780 S HORSESHOE DR NAPLES, FL 34104</b>		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>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			
TITLE	DPCT	DO NOT WRITE IN THIS SPACE	
NAME	ALFORD, PAUL R		
STREET ADDRESS	2780 S HORSESHOE DR SUITE 1		
CITY-ST-ZIP	NAPLES, FL 34104		
TITLE	DV		
NAME	ANDREA, CHRISTIAN		
STREET ADDRESS	2780 S HORSESHOE DR SUITE 5	DO NOT WRITE IN THIS SPACE	
CITY-ST-ZIP	NAPLES, FL 34104		
TITLE	DS		
NAME	WITTOCK, GARY		
STREET ADDRESS	2770 S HORSESHOE DR SUITE 7		
CITY-ST-ZIP	NAPLES, FL 34104		
TITLE		DO NOT WRITE IN THIS SPACE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS		DO NOT WRITE IN THIS SPACE	
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: <u><i>Paul R. Alford</i></u>		Date: <u>1/20/07</u>	Daytime Phone #: <u>239-643-7900</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			