

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000002496

1. Entity Name
**HORSESHOE PROFESSIONAL PARK CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**2780 S HORSESHOE DR
SUITE 1
NAPLES, FL 34104**

Mailing Address
**2780 S HORSESHOE DR
SUITE 1
NAPLES, FL 34104**



03202008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3571561

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALFORD, PAUL R
2780 S HORSESHOE DR
NAPLES, FL 34104**

**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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPCT
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
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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000868755
04/09/08-80023-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Paul R. Alford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/08

239-643-7900