NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 763479

1. Corporation Name

COMMUNITY HOSPITAL PROFESSIONAL CONDOMINIUMS ASS OCIATION, INC.

Principal Place of Business P.O. BOX 883 BUNNELL FL 32110

Mailing Address

P.O. BOX 883 BUNNELL FL 32110

FILED Mar 16, 1999 8:00 am § Secretary of State

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S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant S. De City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and except the obligation of. Section 170,503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and except the obligation of. Section 170,503, Florids Statutes. 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and except the obligation of. Section 170,503, Florids Statutes. 11. Pursuant to the provisions of Section 617,0502 and 617,1508. Florids Statutes. 12. Corporation's board of directors. I hereby accept the appointment as registered agent. I minimize this statement for the purpose of changing its registered agent. I minimize this statement for the purpose of changing its registered agent. I minimize this statement for the purpose of changing its registered agent. I minimize this statement for the purpose of changing its registered agent. I minimize this statement for the purpose of changing its registered agent. I minimize this statement for the purpose of changing its registered agent. I minimize this statement for the purpose of changing its registered agent. I minimize this statement for the purpose of changing its registered agent. I minimize this statement for the purpose of changing its registered agent. I minimize this statement for the purpose of changing its registered agent. I minimize this statement for the purpose of changing its registered agent. I minimize this statement for the purpose of changing its registered agent. I minimize this statement for the purpose of c	Zip	Country Zip												
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LACY, BEN W. 1 FLORIDA PARK DR, SUITE 224A PALM COAST 32137 B4 City FL B5 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am amiliar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am amiliar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature Signature Signature Signature PD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition STREET ADDRESS STREET ADDRESS 1. STREET ADDRESS 1. STREET ADDRESS 2. STREET ADDRESS 2. STREET ADDRESS 2. STREET ADDRESS 2. STREET ADDRESS		9. Name and Address of Current	Regis	tered Agent		94	Nome		10. Name and Address of New	vadista an	-yent		-	
PALORIDA PARK DR, SUITE 224A PALM COAST 32137 84 City FL 85 Zip Code	LACK DE	N 162								-L1-X				
PALM COAST 32137 84 City						82	Street A	ddress						
Pursuant to the provisions of Sections 517.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered directors. I hereby accept the appointment as registered agent, and the provision of the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the provision of the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of the provision				83										
### Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, I am discope the obligations of, Section 617.0503, Florida Statutes. ### Signature						84	City			FL	85	Zip C	ode	
Signature, typed or printed name of regulatered agent and the it applicable. (NOTE: Registered Agent signature required When realizable): ITLE OFFICERS AND DIRECTORS ITLE PD SHAMS, SAFWAN STREET ADDRESS BUNNEL FL VD ORATER, MORRIS R. 20 SOUTH LEMON STREET VD CARTER, MORRIS R. 21 TITLE 22 NAME STREET ADDRESS SUNNELL FL CARTER, MORRIS R. 22 NAME STREET ADDRESS SUNNELL FL TITLE SD UACY, SER W. 32 STREET ADDRESS STREET ADDRES	office or r agent. I a	egistered agent, or both, in the State of	Florid	da. Such change was auti	norized	l by i	the corpor	orpora ation's	ation submits this statement for the s board of directors. I hereby acce	purpose of pt the appoir	cnang itment	ing its i as reg	egistered	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.