

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 763479

**Entity Name:** COMMUNITY HOSPITAL PROFESSIONAL CONDOMINIUMS ASSOCIATION, INC.

**FILED**  
**Apr 15, 2024**  
**Secretary of State**  
**6226639159CC**

**Current Principal Place of Business:**

411 S CENTRAL AVE STE B  
FLAGLER BEACH, FL 32136

**Current Mailing Address:**

411 S CENTRAL AVE STE B  
FLAGLER BEACH, FL 32136 US

**FEI Number: 59-2984966**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

VESTA PROPERTY SERVICES INC.  
411 S CENTRAL AVE STE B  
FLAGLER BEACH, FL 32136 US

*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.*

**SIGNATURE: LEA STOKES**

**04/15/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HALL , JOELLA  
Address        411 S CENTRAL AVE STE B  
City-State-Zip: FLAGLER BEACH FL 32136

Title            TREASURER  
Name            WHITFIELD, SAMANTHA  
Address        411 S CENTRAL AVE STE B  
City-State-Zip: FLAGLER BEACH FL 32136

Title            SECRETARY  
Name            BENTO, ERIC  
Address        411 S CENTRAL AVE STE B  
City-State-Zip: FLAGLER BEACH FL 32136

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JOELLA HALL**

**PRESIDENT**

**04/15/2024**

Electronic Signature of Signing Officer/Director Detail

Date