## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 763479** 

Entity Name: COMMUNITY HOSPITAL PROFESSIONAL CONDOMINIUMS

ASSOCIATION, INC.

**Current Principal Place of Business:** 

1769 E MOODY BLVD BUNNELL, FL 32110

**Current Mailing Address:** 

PO BOX 2284

BUNNELL, FL 32110

FEI Number: 59-2984966 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PREFERRED MANAGEMENT SERVICES 411 S CENTRAL AVE SUITE 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 04/22/2015

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Address

Title **PRESIDENT** Title **TREASURER** 

Name CUSHING, ARTHUR DR. Name BAILEY-BROWN, LORI

> 45 RIVER TRAIL DR 1769 E MOODY BLVD Address

3RD FL

City-State-Zip: PALM COAST FL 32137 City-State-Zip: BUNNELL FL 32110

Title **SECRETARY** 

DEAQUINO, WALLY Name Address 1063 HOLLY LANE City-State-Zip: BUNNELL FL 32110

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: ARTHUR CUSHING

**PRESIDENT** 

04/22/2015

**FILED** Apr 22, 2015

**Secretary of State** 

CC9368194752