

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763479

**FILED
Apr 30, 2013
Secretary of State
CC2121960083**

Entity Name: COMMUNITY HOSPITAL PROFESSIONAL CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:

1769 E MOODY BLVD
BUILDING 2 - ATTN: KRISTEN COLLORA
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:

COLLORA, KRISTEN
1769 E MOODY BLVD
BUILDING 2
BUNNELL, FL 32110 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name CARTER, MORRIS DR.
Address PO BOX 943
City-State-Zip: BUNNELL FL 32110

Title VD
Name CUSHING, ARTHUR DR.
Address PO BOX 2199
City-State-Zip: BUNNELL FL 32110

Title TSD
Name COLLORA, KRISTEN
Address 1769 E MOODY BLVD, BLDG 2
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: KRISTEN COLLORA

SECRETARY /
TREASURER

04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date