

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000001877

**Entity Name:** RINEHART PLACE PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Apr 22, 2014**  
**Secretary of State**  
**CC3349188097**

**Current Principal Place of Business:**

SANDY LEVY, FLORIDA HOSPITAL  
1919 N ORANGE AVENUE  
ORLANDO, FL 32804

**Current Mailing Address:**

SANDY LEVY, FLORIDA HOSPITAL  
1919 N ORANGE AVENUE  
ORLANDO, FL 32804 US

**FEI Number: 26-3121310**

**Certificate of Status Desired: No**

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

FLORIDA HOSPITAL PROPERTY MANAGEMENT  
1919 N ORANGE AVENUE  
ORLANDO, FL 32804 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:** SANDRA J LEVY

04/22/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GARRISON, BOB  
Address        CENTENNIAL BANK  
                  970 RINEHART RD  
City-State-Zip: LAKE MARY FL 32776

Title            VP  
Name            HARTMANN, TOM  
Address        ABC FINE WINES & SPIRITS  
                  8989 S ORANGE AVE  
City-State-Zip: ORLANDO FL 32824

Title            TREASURER  
Name            LEVY, SANDRA J  
Address        FLORIDA HOSPITAL PROPERTY  
                  MGMT  
                  1919 N ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32804

*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:** SANDRA J LEVY

**ASSET MANAGER**

04/22/2014

Electronic Signature of Signing Officer/Director Detail

Date