

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000003217

Entity Name: CNL HEALTHCARE PROPERTIES, INC.**Current Principal Place of Business:**450 S. ORANGE AVE.
ORLANDO, FL 32801**Current Mailing Address:**P. O. BOX 4920
ORLANDO, FL 32802-4920**FEI Number: 27-2876363****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PATTERSON, AMY J
450 S. ORANGE AVE.
ORLANDO, FL 32801 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	C	Title	DIRECTOR
Name	SENEFF, JAMES M JR.	Name	SITTEMA, THOMAS K
Address	450 S. ORANGE AVE.	Address	450 S. ORANGE AVE.
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32801
Title	CEOP	Title	SVPS
Name	MAULDIN, STEPHEN H	Name	GREER, HOLLY
Address	450 S. ORANGE AVE.	Address	450 S. ORANGE AVE.
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32801
Title	CFOSVPT	Title	AS
Name	JOHNSON, JOSEPH T	Name	PATTERSON, AMY J
Address	450 S. ORANGE AVE.	Address	450 S. ORANGE AVE.
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32801

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HOLLY J. GREER**SR. VICE PRESIDENT****04/17/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date