

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708176

FILED
Jan 10, 2012
Secretary of State

Entity Name: COMMUNITY HEALTH ASSOCIATION, INC.

Current Principal Place of Business:

1262 WINGS WAY
SUITE 201
LEHIGH ACRES, FL 339366043

New Principal Place of Business:

Current Mailing Address:

1262 WINGS WAY
SUITE 201
LEHIGH ACRES, FL 339366043

New Mailing Address:

FEI Number: 59-1088536 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VANHOOSE, H A
1262 WINGS WAY
SUITE 201
LEHIGH ACRES, FL 339366043 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CD
Name: RICHARDS, DARWIN
Address: 214 LINCOLN AVE SE
City-St-Zip: LEHIGH ACRES, FL 33936

Title: SD
Name: TURBEVILLE, LARRY
Address: 642 PARKDALE BLVD
City-St-Zip: LEHIGH ACRES, FL 33974

Title: 1VCD
Name: ORVILLE, KURTZ
Address: 306 MCARTHUR AVE
City-St-Zip: LEHIGH ACRES, FL 33936

Title: TD
Name: OLLIFF, JON R DDS
Address: 210 LAKE AVE N
City-St-Zip: LEHIGH ACRES, FL 33936

Title: ED
Name: VANHOOSE, HARMIE A
Address: 19002 CYPRESS VIEW DR
City-St-Zip: FORT MYERS, FL 33967

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: HARMIE A VANHOOSE

ED

01/10/2012

Electronic Signature of Signing Officer or Director

Date