

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90041 030 ****61.25

DOCUMENT # 763479

1. Entity Name
**COMMUNITY HOSPITAL PROFESSIONAL
CONDOMINIUMS ASSOCIATION, INC.**



Principal Place of Business
P.O. BOX 883
BUNNELL, FL 32110

Mailing Address
P.O. BOX 883
BUNNELL, FL 32110

04000711



2. Principal Place of Business
1200 East Moody Boulevard
Suite, Apt. #, etc.
Suite 1

3. Mailing Address
1200 East Moody Boulevard
Suite, Apt. #, etc.
Suite 1

02172004 Chg-NP CR2E037 (10/03)

City & State
Bunnell, FL

City & State
Bunnell, FL

4. FEI Number
59-2984966

Applied For
Not Applicable

Zip
32110

Country
USA

Zip
32110

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LACY, BEN W.
1 FLORIDA PARK DR; SUITE 224A
PALM COAST, FL 32137

7. Name and Address of New Registered Agent

Name
Bong, Tammy
Street Address (P.O. Box Number is Not Acceptable)
1200 East Moody Boulevard, Suite 1
City
Bunnell
City
Bunnell **FL** Zip Code
32110

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Tammy J. Bong

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-17-04

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAMS, SAFWAN 61 MEMORIAL MED. PKWY, SUITE 1-900A PALM COAST, FL 32164	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARTER, MORRIS R. 207 SOUTH LEMON STREET BUNNELL, FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LACY, BEN W. 1 FLORIDA PARK DR PALM COAST, FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Juengst, Benjamin 209 South Lemon Street Bunnell, FL 32110	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Vacant	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Bong, Tammy 1200 East Moody Boulevard, Suite 1 Bunnell, FL 32110	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Carter, Morris R. 207 South Lemon Street Bunnell, FL 32110	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Lacy, Ben W. 1 Florida Park Drive Palm Coast, FL 32137	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Benjamin Juengst

2/17/04

Date

(386)437-8262

Daytime Phone #