

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90054 049 ****61.25

DOCUMENT # 763479

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



Principal Place of Business
**1200 E. MOODY BLVD.
STE 1
BUNNELL, FL 32110**

Mailing Address
**1200 E. MOODY BLVD.
STE 1
BUNNELL, FL 32110**

00030152



01102005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2984966

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BONG, TAMMY
1200 E. MOODY BLVD. STE 1
BUNNELL, FL 32110**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

3/8/05
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 PD ☐ Delete
NAME JUENGST, BENJAMIN
STREET ADDRESS 209 S. LEMON ST
CITY-ST-ZIP BUNNELL, FL 32110

TITLE SD ☐ Delete
NAME BONG, TAMMY
STREET ADDRESS 1200 E. MOODY BLVD. STE 1
CITY-ST-ZIP BUNNELL, FL 32110

TITLE D ☒ Delete
NAME CARTER, MORRIS R
STREET ADDRESS 207 S. LEMON ST.
CITY-ST-ZIP BUNNELL, FL 32110

TITLE D ☒ Delete
NAME LACY, BEN W
STREET ADDRESS 1 FLORIDA PARK DR.
CITY-ST-ZIP PALM COAST, FL 32137

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Feliciano, Luis
STREET ADDRESS 15 Rylin Lane
CITY-ST-ZIP Palm Coast, FL 32164

TITLE D ☐ Change ☒ Addition
NAME DaSilva, Daniel B.
STREET ADDRESS 15 Rylin Lane
CITY-ST-ZIP Palm Coast, FL 32164

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Benjamin Juengst*

Benjamin Juengst, President

2/15/05

(386) 437-8262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #