

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90355 038 \*\*\*\*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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03272006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-2984966**

Applied For  
Not Applicable

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  
**Tammy J. Bong**

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

**1200 E. Moody Boulevard #1**

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

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

**Tammy J. Bong**

**3/27/06**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>JUENGST, BENJAMIN<br>209 S. LEMON ST<br>BUNNELL, FL 32110     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BONG, TAMMY<br>1200 E. MOODY BLVD. STE 1<br>BUNNELL, FL 32110 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CARTER, MORRIS R<br>207 S. LEMON ST.<br>BUNNELL, FL 32110      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LACY, BEN W<br>1 FLORIDA PARK DR.<br>PALM COAST, FL 32137      | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FELICIANO, LUIS<br>15 RYLIN LN<br>PALM COAST, FL 32164         | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DASILVA, DANIEL B<br>15 RYLIN LN<br>PALM COAST, FL 32164       | <input checked="" type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P/D<br>BENJAMIN JUENGST<br>209 S. Lemon Street<br>Bunnell, Florida 32110     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DR. ARTHUR CUSHING<br>45 River Trail Drive<br>Palm Coast, Florida 32164 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DR. MORRIS CARTER<br>207 S. Lemon Street<br>Bunnell, Florida 32110      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S/T<br>TAMMY J. BONG<br>1200 E. Moody Blvd. #1<br>Bunnell, Florida 32110     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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**

**3/27/06**

Date

**(386) 437-8262**

Daytime Phone #