

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763479

FILED
Jan 09, 2008
Secretary of State

Entity Name: COMMUNITY HOSPITAL PROFESSIONAL CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:

1769 E MOODY BLVD
STE 304
BUNNELL, FL 32110

New Principal Place of Business:

Current Mailing Address:

1769 E MOODY BLVD
STE 304
BUNNELL, FL 32110

New Mailing Address:

FEI Number: 59-2984966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONG, TAMMY
1200 E. MOODY BLVD. #1
BUNNELL, FL 32110 US

Name and Address of New Registered Agent:

COLLORA, KRISTEN
1769 E MOODY BLVD
STE 304
BUNNELL, FL 32110 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: KCOLLORA

01/09/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: BONG, TAMMY
Address: 1200 E. MOODY BLVD. STE 1
City-St-Zip: BUNNELL, FL 32110

Title: D () Delete
Name: CARTER, MORRIS DR.
Address: 207 S. LEMON ST.
City-St-Zip: BUNNELL, FL 32110

Title: PD () Delete
Name: CUSHING, ARTHUR DR.
Address: 45 RIVER TRAIL DR
City-St-Zip: PALM COAST, FL 32164

Title: ST () Delete
Name: COLLORA, KRISTEN
Address: 1769 E MOODY BLVD SUITE 304
City-St-Zip: BUNNELL, FL 32110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BONG, TAMMY
Address: 1769 E MOODY BLVD SUITE 306
City-St-Zip: BUNNELL, FL 32110

Title: PD (X) Change () Addition
Name: CARTER, MORRIS DR.
Address: PO BOX 943
City-St-Zip: BUNNELL, FL 32110

Title: VD (X) Change () Addition
Name: CUSHING, ARTHUR DR.
Address: PO BOX 2199
City-St-Zip: BUNNELL, FL 32110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KCOLLORA

ST

01/09/2008

Electronic Signature of Signing Officer or Director

Date