
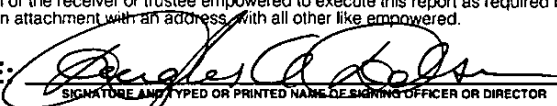


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90055 024 ****61.25

DOCUMENT # N00000004194					
1. Entity Name HEALTHPARK FLORIDA EAST PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 9800 S. HEALTHPARK DR., SUITE 350 FT. MYERS, FL 33908			Mailing Address 9800 S. HEALTHPARK DR., SUITE 350 FT. MYERS, FL 33908		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent DODSON, DOUGLAS A 9800 S. HEALTHPARK DR., SUITE 350 FT. MYERS, FL 33908				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Filing Fee is \$61.25 Due by May 1, 2005 </div> <div style="width: 30%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> </div> <div style="width: 30%;"> \$5.00 May Be Added to Fees </div> <div style="width: 10%;"> Make check payable to Florida Department of State </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME BECKETT, JOHN T STREET ADDRESS 9800 S HEALTHPARK DR STE 208 CITY-ST-ZIP FT. MYERS, FL 33908	<input checked="" type="checkbox"/> Delete		TITLE VICE PRESIDENT, DIRECTOR NAME JOE GOSS STREET ADDRESS 9800 S. HealthPark Dr. - Suite 350 CITY-ST-ZIP Ft. Myers, FL 33908	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE STD NAME DODSON, DOUGLAS A STREET ADDRESS 9800 S HEALTHPARK STE 208 CITY-ST-ZIP FT. MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE PRESIDENT, DIRECTOR NAME [Blank] STREET ADDRESS 9800 S. HealthPark Drive - Suite 350 CITY-ST-ZIP [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Delete		TITLE SECRETARY, OFFICER NAME TODD DARCHÉ STREET ADDRESS 9800 S. HEALTHPARK DR. - SUITE 350 CITY-ST-ZIP FT. MYERS, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Delete		TITLE TREASURER NAME JACK EISENGA STREET ADDRESS 9800 S. HEALTHPARK DR. - SUITE 350 CITY-ST-ZIP FT. MYERS, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Delete		TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Delete		TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			3/19/05 239-489-0023 Date Daytime Phone #		