

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90351 023 \*\*\*\*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**

**60029244**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01132006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3667518**

Applied For  
 Not Applicable

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

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 **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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD**  Delete  
 NAME **GOSS, JOE**  
 STREET ADDRESS **9800 S. HEALTH PARK DR. SUITE 350**  
 CITY-ST-ZIP **FT. MYERS, FL 33908**

TITLE **D**  Change  Addition  
 NAME **GOSS, JOE**

TITLE **PD**  Delete  
 NAME **DODSON, DOUGLAS A**  
 STREET ADDRESS **9800 S. HEALTH PARK DRIVE- SUITE 350**  
 CITY-ST-ZIP **FT. MYERS, FL 33908**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **DARCHE, TODD**  
 STREET ADDRESS **9800 S. HEALTH PARK DRIVE, SUITE 350**  
 CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **VP**  Change  Addition  
 NAME **DARCHE, TODD**

TITLE **T**  Delete  
 NAME **EISENGA, JACK**  
 STREET ADDRESS **9800 S. HEALTH PARK DR. - SUITE 350**  
 CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Change  Addition  
 NAME **LEWIS, SUSAN**  
 STREET ADDRESS **16400 HealthPark Commons Dr.**  
 CITY-ST-ZIP **Ft. Myers, FL. 33908**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Change  Addition  
 NAME **ANDERSON, DON**  
 STREET ADDRESS **256 MONTERREY DRIVE**  
 CITY-ST-ZIP **NAPLES, FL 33119**

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: Douglas A. Dodson  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **239/489-0023**  
 Daytime Phone #