

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004194

FILED
Apr 22, 2009
Secretary of State

Entity Name: HEALTHPARK FLORIDA EAST PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9800 S. HEALTHPARK DR.
SUITE 350
FT. MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

9800 S. HEALTHPARK DR.
SUITE 350
FT. MYERS, FL 33908

New Mailing Address:

FEI Number: 59-3667518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DODSON, DOUGLAS A
9800 S. HEALTHPARK DR., SUITE 350
FT. MYERS, FL 33908 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D-P () Delete
Name: DODSON, DOUGLAS A
Address: 9800 S. HEALTH PARK DR. SUITE 350
City-St-Zip: FT. MYERS, FL 33908

Title: D-VP () Delete
Name: ANDERSON, DON
Address: 12810 TAMiami TRAIL NORTH
City-St-Zip: NAPLES, FL 34110

Title: D-S () Delete
Name: DANCHE, TODD
Address: 9800 S. HEALTH PARK DRIVE SUITE 350
City-St-Zip: FORT MYERS, FL 33908

Title: D-T () Delete
Name: EISENGA, JACK
Address: 9800 S. HEALTH PARK DR. SUITE 350
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: WAYLAND, TERRY
Address: 7680 CAMBRIDGE MANOR PLACE SUITE 101
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D-VP (X) Change () Addition
Name: ABO, FRED
Address: 4651 SHERIDAN ST. SUITE 480
City-St-Zip: HOLLYWOOD, FL 33021

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

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

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: DOUGLAS A. DODSON

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date