

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 09, 2010
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
Name: DODSON, DOUGLAS A
Address: 9800 S. HEALTH PARK DR. SUITE 350
City-St-Zip: FT. MYERS, FL 33908

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

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

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

Title: D
Name: URRARO, KRISTEN
Address: 13500 POWERS COURT, SUITE 201
City-St-Zip: FORT MYERS, FL 33912

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS A. DODSON

PRES

04/09/2010

Electronic Signature of Signing Officer or Director

Date