

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004553

FILED
Feb 05, 2007
Secretary of State

Entity Name: THE VILLAGES REGIONAL MEDICAL CENTER EAST PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1451 EL CAMINO REAL
THE VILLAGES, FL 32159

New Principal Place of Business:

Current Mailing Address:

1451 EL CAMINO REAL
THE VILLAGES, FL 32159

New Mailing Address:

FEI Number: 59-3744235 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRELL, GREGORY C
7 EAST SILVER SPRINGS BLVD
SUITE 204
OCALA, FL 34470 US

Name and Address of New Registered Agent:

HARRELL, GREGORY C
7 EAST SILVER SPRINGS BLVD
SUITE 500
OCALA, FL 34470 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: GREGORY C HARRELL

02/05/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MYERS, ROBERT
Address: 1451 EL CAMINO REAL
City-St-Zip: THE VILLAGES, FL 32159

Title: VD () Delete
Name: GLICK, MICHAEL
Address: 1501 U.S. HIGHWAY 441 N, SUITE 1102
City-St-Zip: THE VILLAGES, FL 32159

Title: TSD () Delete
Name: WARD, JIM
Address: 1451 EL CAMINO REAL
City-St-Zip: THE VILLAGES, FL 32159

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: MYERS, ROBERT
Address: 1451 EL CAMINO REAL
City-St-Zip: THE VILLAGES, FL 32159

Title: VP/D (X) Change () Addition
Name: MILSTEAD, JUDITH
Address: 1501 U.S. HIGHWAY 441 N, SUITE 1401
City-St-Zip: THE VILLAGES, FL 32159

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JIM WARD

TSD

02/05/2007

Electronic Signature of Signing Officer or Director

Date