2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008603

FILED Apr 11, 2006 Secretary of State

Entity Name: HEALTHPARK COMMONS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5405 PARK CENTRAL 16400 HEALTHPARK COMMONS DRIVE

NAPLES, FL 34109 FORT MYERS, FL 33908

Current Mailing Address: New Mailing Address:

C/O R&P PROPERTY MANAGEMENT 16400 HEALTHPARK COMMONS DRIVE

265 AIRPORT ROAD S FORT MYERS, FL 33908 NAPLES, FL 34104

FEI Number: 20-4668197 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

R&P PROPERTY MANAGEMENT

265 AIRPORT ROAD S

LEWIS, SUSAN L

16400 HEALTHPARK COMMONS DRIVE

NAPLES, FL 34104 US FORT MYERS, FL 33908 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: SUSAN LEWIS 04/11/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: D (X) Change () Addition

Name: NASHMAN, JAMES A Name: LEWIS, JEFFREY W
Address: 24840 BURNT PINE DRIVE #2 Address: 16400 HEALTHPARK COMMONS DRIVE

City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete Title: D (X) Change () Addition

Name: ROBISON, STEPHEN V Name: TALBOT, PHILIP
Address: 5405 PARK CENTRAL COURT Address: 722 CORNWALL CIRCLE

Address: 5405 PARK CENTRAL COURT Address: 722 CORNWALL CIRCLE City-St-Zip: NAPLES, FL 34109 City-St-Zip: SUGARGROVE, IL 60554

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 ANDERSON, DONALD C
 Name:
 ADAMS, JANET L

 Address:
 256 MONTEREY DRIVE
 Address:
 1535 SELBY ROAD

 City-St-Zip:
 NAPLES, FL 34119
 City-St-Zip:
 NAPERVILLE, IL 60563

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: JEFFREY W LEWIS D 04/11/2006