

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008603

FILED
Apr 23, 2008
Secretary of State

Entity Name: HEALTHPARK COMMONS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

16400 HEALTHPARK COMMONS DRIVE
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

16400 HEALTHPARK COMMONS DRIVE
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 20-4668197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, SUSAN L
16400 HEALTHPARK COMMONS DRIVE
FORT 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 () Delete
Name: LEWIS, JEFFREY W
Address: 16400 HEALTHPARK COMMONS DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: TALBOT, PHILIP
Address: 722 CORNWALL CIRCLE
City-St-Zip: SUGARGROVE, IL 60554

Title: D () Delete
Name: ADAMS, JANET L
Address: 1535 SELBY ROAD
City-St-Zip: NAPERVILLE, IL 60563

Title: D () Delete
Name: IMTIAZ, AHMAD
Address: 1530 LEE BLVD., SUITE 2100
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JEFFREY W. LEWIS

D

04/23/2008

Electronic Signature of Signing Officer or Director

Date