# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 23, 2009**
**Secretary of State**

DOCUMENT# N01000008603

**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 04/23/2009

Electronic Signature of Signing Officer or Director — Date