
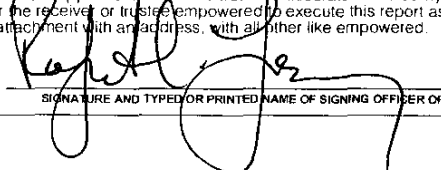


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90054 027 ****61.25

| | | | | | |
|---|--|---|---|---|--|
| DOCUMENT # N03000008106 | | | |  | |
| 1. Entity Name EICHENFELD OAKS MEDICAL CENTER PROPERTY OWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 6418 BADGER DRIVE TAMPA, FL 33610-2004 | | | Mailing Address 6418 BADGER DRIVE TAMPA, FL 33610-2004 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number NOT APPLICABLE | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LANG, ROBERT A 602 VANDERBAKER TEMPLE TERRACE, FL 33617 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE <input checked="" type="checkbox"/> PD <input type="checkbox"/> Delete NAME LANG, ROBERT A STREET ADDRESS 602 VANDERBAKER CITY-ST-ZIP TEMPLE TERRACE, FL 33617 | TITLE <input checked="" type="checkbox"/> PD <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME LANG, ROBERT STREET ADDRESS (ALL ELSE SAME) CITY-ST-ZIP | | | | |
| TITLE <input checked="" type="checkbox"/> STVD <input type="checkbox"/> Delete NAME TAYLOR, J C STREET ADDRESS 513 WYNNWOOD DRIVE CITY-ST-ZIP BRANDON, FL 33511 | TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STVP HILDE VILLALON STREET ADDRESS 6418 BADGER DR. CITY-ST-ZIP TAMPA, FL 33610 | | | | |
| TITLE <input checked="" type="checkbox"/> PD <input type="checkbox"/> Delete NAME MOWAT, CHARLES STREET ADDRESS 2907 WHITTINGTON PLACE CITY-ST-ZIP TAMPA, FL 33610 | TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME PD MOWAT CHARLES STREET ADDRESS (ALL ELSE SAME) CITY-ST-ZIP | | | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | | 3/2/07 (813) 622-8311 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |