

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008106

FILED
Feb 17, 2009
Secretary of State

Entity Name: EICHENFELD OAKS MEDICAL CENTER PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6418 BADGER DRIVE
TAMPA, FL 336102004

New Principal Place of Business:

Current Mailing Address:

6418 BADGER DRIVE
TAMPA, FL 336102004

New Mailing Address:

FEI Number: 20-5898243 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANG, ROBERT A
602 VANDERBAKER
TEMPLE TERRACE, FL 33617 US

Name and Address of New Registered Agent:

VILLALON, HILDE B
6418 BADGER DRIVE
TAMPA, FL 33610 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: HILDE B. VILLALON

02/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LANG, ROBERT A
Address: 602 VANDERBAKER
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: STVD () Delete
Name: TAYLOR, J C
Address: 513 WYNNWOOD DRIVE
City-St-Zip: BRANDON, FL 33511

Title: PD () Delete
Name: MOWAT, CHARLES
Address: 2907 WHITTINGTON PLACE
City-St-Zip: TAMPA, FL 33610

Title: STVD (X) Delete
Name: VILLALON, HILDE
Address: 6418 BADGER DR
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LANG, ROBERT A
Address: 6418 BADGER DRIVE
City-St-Zip: TAMPA, FL 33610

Title: PD (X) Change () Addition
Name: MOWAT, CHARLES
Address: 6418 BADGER DRIVE
City-St-Zip: TAMPA, FL 33610

Title: STD (X) Change () Addition
Name: VILLALON, HILDE
Address: 6418 BADGER DRIVE
City-St-Zip: TAMPA, FL 33610

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: HILDE B. VILLALON

STD

02/17/2009

Electronic Signature of Signing Officer or Director

Date