

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000012506

FILED
Oct 14, 2009
Secretary of State

Entity Name: FLORIDA HOSPITAL FISH MEMORIAL PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1055 SAXON BLVD
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

1055 SAXON BLVD
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TRIMBLE, T.L.
111 NORTH ORLANDO AVE
WINTER PARK, FL 32789 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: T. L. TRIMBLE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: JOHNSON, JOE
Address: 1055 SAXON BLVD
City-St-Zip: ORANGE CITY, FL 32763

Title: DV () Delete
Name: SEIFERT, LEWIS
Address: 1055 SAXON BLVD
City-St-Zip: ORANGE CITY, FL 32763

Title: DST () Delete
Name: CANTWELL, STEPHEN
Address: 1055 SAXON BLVD
City-St-Zip: ORANGE CITY, FL 32763

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:

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: JOE JOHNSON

DP

10/14/2009

Electronic Signature of Signing Officer or Director

Date