## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000007558

FILED Jan 23, 2009 Secretary of State

Entity Name: COCOHATCHEE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC

Current Principal Place of Business:  New Principal Place of Business:  1656 MEDICAL BLVD NAPLES, FL 34110  Current Mailing Address:  New Mailing Address:  New Mailing Address:  New Mailing Address:  1656 MEDICAL BLVD NAPLES, FL 34110  FEI Number: 26-0647963  FEI Number Applied For ()  FEI Number Not Applicable ()  Certificate of Status Desired ()  Name and Address of Current Registered Agent:  MECKSTROTH, STEVEN 1656 MEDICAL BLVD STE 301 NAPLES, FL 34110 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  Title: Name: NECKSTROTH, STEVEN A MD Address: 1656 MEDICAL BLVD City-St-Zip: NAPLES, FL 34110  Title: DP () Delete Name: NECKSTROTH, STEVEN A MD Address: 1656 MEDICAL BLVD City-St-Zip: NAPLES, FL 34110  Title: DVP () Delete Title: () Change () Addition Name: Address: 1656 MEDICAL BLVD City-St-Zip: NAPLES, FL 34110  Title: DST () Delete Title: () Change () Addition Name: Address: 1656 MEDICAL BLVD City-St-Zip: Title: DST () Delete Title: () Change () Addition Name: Address: 1656 MEDICAL BLVD City-St-Zip: NAPLES, FL 34110	Entity Na	ame: COCOH.	ATCHEE MEDICAL CENTER (	CONDOMINIUM ASSOCIATION,	INC.	
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Name: CRAWFORD, TRACY Name: Address: 1656 MEDICAL BLVD Address:	Name: Address:	ALESSI, ALBE 1656 MEDICA	RT L BLVD	Name: Address:	( ) Change ( ) Addition	
	Name:	,	) Delete	Title	( ) Change ( ) Addition	

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: STEVEN MECKSTROTH DP 01/23/2009