

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:

1656 MEDICAL BLVD
NAPLES, FL 34110

New Principal Place of Business:

1656 MEDICAL BLVD
301
NAPLES, FL 34110

Current Mailing Address:

1656 MEDICAL BLVD
NAPLES, FL 34110

New Mailing Address:

1656 MEDICAL BLVD
301
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

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: DP () Delete
Name: MECKSTROTH, STEVEN A MD
Address: 1656 MEDICAL BLVD
City-St-Zip: NAPLES, FL 34110

Title: DVP () Delete
Name: ALESSI, ALBERT
Address: 1656 MEDICAL BLVD
City-St-Zip: NAPLES, FL 34110

Title: DST () Delete
Name: CRAWFORD, TRACY
Address: 1656 MEDICAL BLVD
City-St-Zip: NAPLES, FL 34110

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: STEVEN MECKSTROTH

DP

01/23/2009

Electronic Signature of Signing Officer or Director

Date