

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006212

FILED
Feb 17, 2009
Secretary of State

Entity Name: EICHENFELD OAKS MEDICAL CENTER THREE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6418 BADGER DRIVE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

6418 BADGER DRIVE
TAMPA, FL 33610

New Mailing Address:

FEI Number: 26-2902204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMAN LAW FIRM
14502 N DALE MABRY HWY SUITE 200
TAMPA, FL 33618 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: HILDEB. VILLALON

02/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: DP () Delete
Name: MOWAT, CHARLES
Address: 6418 BADGER DRIVE
City-St-Zip: TAMPA, FL 33610

Title: DVPT () Delete
Name: WILLALON, HILDE
Address: 6418 BADGER DRIVE
City-St-Zip: TAMPA, FL 33610

Title: S () Delete
Name: WILLALON, HILDE
Address: 6418 BADGER DRIVE
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DOMINGUEZ, JOSE
Address: 3645 MADACA LANE
City-St-Zip: TAMPA, FL 33518

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

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

ST

02/17/2009

Electronic Signature of Signing Officer or Director

Date