

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22719

FILED  
Jan 04, 2010  
Secretary of State

**Entity Name:** HEALTH PARK OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

400 HEALTH PARK BLVD  
C/O JOSEPH GORDY  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

400 HEALTH PARK BLVD  
C/O JOSEPH GORDY  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

FEI Number: 59-2869538

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GORDY, JOSEPH/PRESIDENT  
400 HEALTH PARK BLVD  
ST. AUGUSTINE, FL 32086 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: P  
Name: GORDY, JOSEPH  
Address: 400 HEALTH PARK BLVD  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D  
Name: KIRKER, LYNDA I.  
Address: 400 HEALTH PARK BLVD  
City-St-Zip: ST. AUGUSTINE, FL 332086

Title: D  
Name: CARTER, ROGER  
Address: 400 HEALTH PARK BLVD  
City-St-Zip: ST. AUGUSTINE, FL 32086

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH GORDY

PRES

01/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date