

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22719

FILED
Jan 06, 2012
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, LYNDIA I.
Address: 400 HEALTH PARK BLVD
City-St-Zip: ST. AUGUSTINE, FL 32086

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

01/06/2012

Electronic Signature of Signing Officer or Director

Date