

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39929

FILED
Apr 17, 2009
Secretary of State

Entity Name: HEALTHPARK FLORIDA PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

9800 SOUTH HEALTHPARK DRIVE
SUITE 350
FT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

9800 SOUTH HEALTHPARK DRIVE
SUITE 350
FT MYERS, FL 33908

New Mailing Address:

FEI Number: 65-0220879 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DODSON, DOUGLAS A
9800 S HEALTHPARK DR
SUITE 350
FT MYERS, FL 33908 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: D-P () Delete
Name: DODSON, DOUGLAS A
Address: 9800 S HEALTHPARK DR, STE 350
City-St-Zip: FORT MYERS, FL 33908

Title: D-VP () Delete
Name: NAWROCKI, DAVID
Address: 9470 HEALTHPARK CIRCLE
City-St-Zip: FORT MYERS, FL 33908

Title: D-S () Delete
Name: DARCHE, TODD
Address: 9800 S HEALTHPARK DR, STE 350
City-St-Zip: FORT MYERS, FL 33908

Title: D-T () Delete
Name: EISENGA, JACK
Address: 9800 S HEALTHPARK DR. STE 350
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: ALLEN, ROD
Address: PO BOX 150045
City-St-Zip: CAPE CORAL, FL 33915

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SYKES, BRIAN
Address: 9461 HEALTHPARK CIRCLE
City-St-Zip: FORT MYERS, FL 33908

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

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

Title: D-VP (X) Change () Addition
Name: ALLEN, ROD
Address: PO BOX 150045
City-St-Zip: CAPE CORAL, FL 33915

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: DOUGLAS A. DODSON

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04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date