## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N39929

FILED Mar 14, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

9800 SOUTH HEALTHPARK DRIVE

SUITE 350

FT MYERS, FL 33908 US

Current Mailing Address: New Mailing Address:

9800 SOUTH HEALTHPARK DRIVE SUITE 350 FT MYERS, FL 33908

1 1 111121(0,12 00000

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

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

DODSON, DOUGLAS A 9800 S HEALTHPARK DR SUITE 350 FT MYERS, FL 33908 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:

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:** 

Title: D-P

Name: DODSON, DOUGLAS A

Address: 9800 S HEALTHPARK DR, STE 350

City-St-Zip: FORT MYERS, FL 33908

Title: D-VP

Name: HEAPE, BYRON

Address: 16074 VIA SOLERA CR. UNIT #104

City-St-Zip: FORT MYERS, FL 33908

Title: D-S

Name: DARCHE, TODD

Address: 9800 S HEALTHPARK DR, STE 350

City-St-Zip: FORT MYERS, FL 33908

Title: D-T

Name: EISENGA, JACK

Address: 9800 S HEALTHPARK DR. STE 350

City-St-Zip: FORT MYERS, FL 33908

 Title:
 D-VP

 Name:
 ALLEN, ROD

 Address:
 PO BOX 150045

 City-St-Zip:
 CAPE CORAL, FL 33915

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: DOUGLAS A. DODSON PRES 03/14/2011