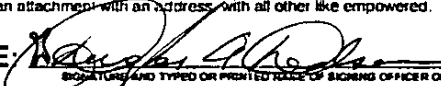


FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90016 017 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N95000003683			
1. Entity Name CYPRESS COVE AT HEALTHPARK FLORIDA, INC.			
Principal Place of Business 10200 CYPRESS COVE DRIVE FORT MYERS, FL 33908		Mailing Address 10200 CYPRESS COVE DRIVE FORT MYERS, FL 33908	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent DODSON, DOUGLAS A 9800 HEALTHPARK CIRCLE SUITE 405 FORT MYERS, FL 33908		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			
TITLE	C	☐ Delete	
NAME	NOLAND, JOHN A		
STREET ADDRESS	1715 MONROE ST.		
CITY-ST-ZIP	FORT MYERS, FL 33902		
TITLE	VC	☐ Delete	
NAME	ADAMS, DANIEL F		
STREET ADDRESS	2180 W. FIRST STREET, SUITE 212		
CITY-ST-ZIP	FORT MYERS, FL 33901		
TITLE	T	☐ Delete	
NAME	REASONER, GARRETT H		
STREET ADDRESS	15160 HARBOUR ISLE DRIVE # 402		
CITY-ST-ZIP	FORT MYERS, FL 33908		
TITLE	S	☐ Delete	
NAME	STRAYHORN, BRUCE		
STREET ADDRESS	2125 FIRST STREET, SUITE 200		
CITY-ST-ZIP	FORT MYERS, FL 33901		
TITLE	D	☐ Delete	
NAME	BARRACO, CARL A		
STREET ADDRESS	2271 MCGREGOR BLVD.		
CITY-ST-ZIP	FT. MYERS, FL 33901		
TITLE	D	☐ Delete	
NAME	BEAUVOIS, JO ELLEN		
STREET ADDRESS	208 CAPE CORAL PKWY, EAST #111		
CITY-ST-ZIP	CAPE CORAL, FL 33904		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE 		1/31/08 239 489.0023	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

ATTACHMENT

40027460
N95000003683

Cypress Cove at HealthPark Florida, Inc.

Additional Attachment for Board of Directors Listing
2008 Not-For-Profit Corporation Annual Report

D

Catti, Joseph
18 Catalpa Court
Fort Myers, FL 33919

D

Edwards, Charles, Sr.
2225 First Street
Fort Myers, FL 33901

D

Robinson, David G., PhD
5861 Wild Fig Lane
Fort Myers, FL 33919

D

Sheppard, Andrew W.
12800 University Drive #125
Fort Myers, FL 33907

D

Winchell, Albert B.
1519 Reynard Drive
Fort Myers, FL 33919