

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004194

Entity Name: HEALTHPARK FLORIDA EAST PROPERTY OWNERS
ASSOCIATION, INC.**FILED**
Jan 20, 2015
Secretary of State
CC4336224126**Current Principal Place of Business:**9800 S. HEALTHPARK DR.
SUITE 350
FT. MYERS, FL 33908**Current Mailing Address:**9800 S. HEALTHPARK DR.
SUITE 350
FT. MYERS, FL 33908**FEI Number: 59-3667518****Certificate of Status Desired: No****Name and Address of Current 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**Officer/Director Detail :**

Title	D-P
Name	DODSON, DOUGLAS A
Address	9800 S. HEALTH PARK DR. SUITE 350
City-State-Zip:	FT. MYERS FL 33908

Title	D-S
Name	DARCHE, TODD
Address	9800 S. HEALTH PARK DRIVE SUITE 350
City-State-Zip:	FORT MYERS FL 33908

Title	D-T
Name	EISENGA, JACK
Address	9800 S. HEALTH PARK DR. SUITE 350
City-State-Zip:	FORT MYERS FL 33908

Title	D, VP
Name	DWYER CROWLEY, BRIDGET
Address	13500 POWERS CT. SUITE 201
City-State-Zip:	FORT MYERS FL 33912

Title	DIRECTOR
Name	BILLMAN, BROCK
Address	12801 WESTLINKS DR. SUITE 102
City-State-Zip:	FORT MYERS FL 33913

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**PRESIDENT****01/20/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date