

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004194

Entity Name: HEALTHPARK FLORIDA EAST PROPERTY OWNERS
ASSOCIATION, INC.**FILED**
Jan 22, 2020
Secretary of State
0948685886CC**Current Principal Place of Business:**9800 S. HEALTHPARK DR.
SUITE 310
FT. MYERS, FL 33908**Current Mailing Address:**9800 S. HEALTHPARK DR.
SUITE 310
FT. MYERS, FL 33908 US**FEI Number: 59-3667518****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CHURCHILL, TROY
9800 S. HEALTHPARK DR., SUITE 310
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: TROY CHURCHILL****01/22/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D-P
Name	CHURCHILL, TROY
Address	9800 S. HEALTH PARK DR. SUITE 310
City-State-Zip:	FT. MYERS FL 33908

Title	D-S
Name	HART, CONNIE
Address	9800 S. HEALTH PARK DRIVE SUITE 310
City-State-Zip:	FORT MYERS FL 33908

Title	D-T
Name	HARRISON, JENNIFER
Address	9800 S. HEALTH PARK DR. SUITE 310
City-State-Zip:	FORT MYERS FL 33908

Title	D, DIRECTOR
Name	HESS, TRISHA
Address	15250 SONOMA DRIVE
City-State-Zip:	FORT MYERS FL 33908

Title	DIRECTOR, VP
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: TROY CHURCHILL**PRESIDENT****01/22/2020**

Electronic Signature of Signing Officer/Director Detail

Date