

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004194

Entity Name: HEALTHPARK FLORIDA EAST PROPERTY OWNERS
ASSOCIATION, INC.

FILED
Jan 08, 2018
Secretary of State
CC9291401577

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:

DODSON, DOUGLAS A
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D-P
Name DODSON, DOUGLAS A
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 EISENGA, JACK
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: DOUGLAS A. DODSON

PRESIDENT

01/08/2018

Electronic Signature of Signing Officer/Director Detail

Date