

FILED
May 24, 2002 8:00 am
Secretary of State

04-11-2002 90049 017 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003522

1. Entity Name

PORT ORANGE HEALTHCARE CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

290 N US HWY 1
 ORMOND BCH FL 32174

290 N US HWY 1
 ORMOND BCH FL 32174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SABOUNGI, HASSAN
 290 N US HWY 1
 ORMOND BCH FL 32174

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME **DP**
HEMADIAN, AMMAR
 STREET ADDRESS **201 N CLYDE MORRIS BLVD**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ Delete

NAME **DVT**
SABOUNGI, HASSAN
 STREET ADDRESS **290 N US HWY 1**
 CITY-ST-ZIP **ORMOND BCH FL 32174**

TITLE ☐ Delete

NAME **DS**
SABOUNGI, MAHMOUD
 STREET ADDRESS **290 N US HWY 1**
 CITY-ST-ZIP **ORMOND BCH FL 32174**

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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 exemption stated in Section 119.07(3)(i), 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 or without like empowered.

SIGNATURE:

HASSAN SABOUNGI
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/02

Date

386-672-2077

Daytime Phone #

CR2E037 (9/01)