

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

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90071 014 ****61.25

DOCUMENT # N01000006940

1. Entity Name
SWANN MEDICAL COMPLEX PHASE II PROPERTY
OWNERS' ASSOCIATION, INC.



Principal Place of Business
221 NORTH BOULEVARD WEST
DAVENPORT, FL 33837

Mailing Address
P.O. BOX 667
DAVENPORT, FL 33837



04172008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, MARCI
2221 NORTH BLVD W
DAVENPORT, FL 33837

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME HARRIS, MARCI
STREET ADDRESS 2221 NORTH BOULEVARD WEST
CITY - ST - ZIP DAVENPORT, FL 33837

TITLE D
NAME BRUSHAYT, CARL
STREET ADDRESS 2221 NORTH BOULEVARD WEST
CITY - ST - ZIP DAVENPORT, FL 33837

TITLE D
NAME PANTOJA, VICTOR
STREET ADDRESS 2221 NORTH BOULEVARD WEST
CITY - ST - ZIP DAVENPORT, FL 33837

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/08

863-421-7600 x235

Date

Daytime Phone #