

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90284 003 \*\*\*150.00

**DOCUMENT # N02000001304**

1. Entity Name  
**ENTERPRISE MEDICAL CENTER CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**2836 ENTERPRISE RD., #3  
DEBARY, FL 32713**

Mailing Address  
**2836 ENTERPRISE RD., #3  
DEBARY, FL 32713**



04192005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0676448**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**RAMEY, DR. DUSTIN  
2836 ENTERPRISE RD., #3  
DEBARY, FL 32713**

**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

**Dustin Ramey**

**04/19/05**

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
RAMEY, DUSTIN  
2836 ENTERPRISE RD.  
DEBARY, FL 32713**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
HEACOCK, CHARLES  
2836 ENTERPRISE RD.  
DEBARY, FL 32713**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
TIMKO, JEFFREY L  
608 WESTCHESTER DR.  
DELAND, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 all other like empowered.

**SIGNATURE:**

  
**Dustin Ramey**

**04/19/05 (360) 6688885**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #