

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2007 08:00 AM
Secretary of State

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**



03052007 No Chg-NP

CR2E037 (4/06)

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 _____

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000661838
03/20/07-80058-010 61.25

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 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

Date

Daytime Phone #

03/06/07