
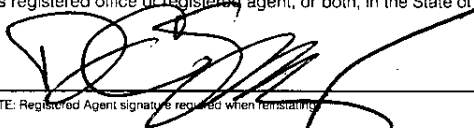
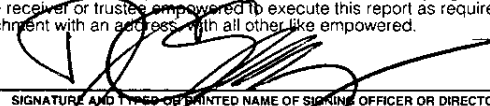


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90042 031 ****61.25

DOCUMENT # N03000009201					
1. Entity Name CM2 MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 335 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174			Mailing Address 200 E. GRANADA BLVD., STE. 200 ORMOND BEACH, FL 32176		
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 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BROCK, JEFFREY P 444 SEABREEZE BLVD., STE. 900 DAYTONA BEACH, FL 32118			Name <u>Dwight C. Selby</u> Street Address (P.O. Box Number is Not Acceptable) <u>Selby Realty, Inc.</u> <u>200 E. GRANADA Blvd, #200</u> <u>Ormond Beach</u> FL Zip Code <u>32174</u>		
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 <u>Dwight C. Selby, Pres.</u>		 (NOTE: Registered Agent signature is required when reinstating)		DATE <u>4-1-04</u>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SELBY, DWIGHT	NAME			
STREET ADDRESS	200 E. GRANADA BLVD., STE. 200	STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH, FL 32176	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, SANFORD	NAME			
STREET ADDRESS	125 BASIN ST., STE. 210	STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DARGAN, THOMAS	NAME			
STREET ADDRESS	444 SEABREEZE BLVD., STE. 100	STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STRASSER, CHARLES	NAME			
STREET ADDRESS	1042 N. US HWY. 1	STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 all other like empowered.					
SIGNATURE: 		Date <u>3/31/04</u>		Daytime Phone # <u>386 238-4456</u>	

94041720



01122004 Chg-NP CR2E037 (10/03)