

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 20, 2009
Secretary of State**

DOCUMENT# N10288

Entity Name: DAYTONA BEACH MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1630 MASON AVE.
B
DAYTONA BEACH, FL 32117

New Principal Place of Business:

Current Mailing Address:

3635 S. CLYDE MORRIS BLVD.
SUITE 100
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 59-2692960 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STELLA, GREGORY J.
3635 S. CLYDE MORRIS BLVD.
SUITE 100
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: HARR, MARC E.
Address: 1630 MASON AVENUE
City-St-Zip: DAYTONA BEACH, FL

Title: TD () Delete
Name: HARR, STEPHANIE (ASST)
Address: 1630 MASON AVENUE
City-St-Zip: DAYTONA BEACH, FL

Title: VSD () Delete
Name: GOLDBERG, PAUL B.
Address: 1070 N. STONE STREET, SUITE D
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: STELLA, GREGORY
Address: 3635 S. CLYDE MORRIS STE 100
City-St-Zip: PORT ORANGE, FL 32129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: AGNONE, LOUIS
Address: 3635 S. CLYDE MORRIS BLVD., STE 100
City-St-Zip: PORT ORANGE, FL 32129

Title: D () Delete
Name: MOULIS, HARRY
Address: 3635 S. CLYDE MORRIS BLVD., SUITE 100
City-St-Zip: PORT ORANGE, FL 32129

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY J. STELLA

D

04/20/2009

Electronic Signature of Signing Officer or Director

Date