2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2012
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
Name: HARR, MARC E.
Address: 1630 MASON AVENUE
City-St-Zip: DAYTONA BEACH, FL

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: GREGORY J. STELLA D 02/03/2012

Electronic Signature of Signing Officer or Director — Date