2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000001205

1. Entity Name
VOLUSIA MEDICAL PARK OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
125 NORTH RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114	125 NORTH RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114

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04302004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3181086
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BECKS, BERRIEN SR
125 NORTH RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32114

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000153231
05/04/04-80118-018 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BECKS, BERRIEN SR
STREET ADDRESS	P.O. DRAWER 2140
CITY-ST-ZIP	DAYTONA BEACH, FL 32115
TITLE	D
NAME	BECKS, BERRIEN JR
STREET ADDRESS	P.O. DRAWER 2140
CITY-ST-ZIP	DAYTONA BEACH, FL 32115
TITLE	D
NAME	SCHNEBLY, JOHN
STREET ADDRESS	P.O. DRAWER 2140
CITY-ST-ZIP	DAYTONA BEACH, FL 32115
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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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: _____ Berrien H. Becks Jr. 4/29/04 386 252 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #