

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001205

FILED  
Apr 08, 2009  
Secretary of State

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

**Current Principal Place of Business:**

125 NORTH RIDGEWOOD AVENUE  
DAYTONA BEACH, FL 32114

**New Principal Place of Business:**

**Current Mailing Address:**

125 NORTH RIDGEWOOD AVENUE  
DAYTONA BEACH, FL 32114

**New Mailing Address:**

**FEI Number:** 59-3181086

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

BECKS, BERRIEN JR  
125 NORTH RIDGEWOOD AVENUE  
DAYTONA BEACH, FL 32114 US

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: BERRIEN BECKS JR

04/08/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BECKS, BERRIEN SR  
Address: P.O. DRAWER 2140  
City-St-Zip: DAYTONA BEACH, FL 32115

Title: D ( ) Delete  
Name: BECKS, BERRIEN JR  
Address: P.O. DRAWER 2140  
City-St-Zip: DAYTONA BEACH, FL 32115

Title: D ( ) Delete  
Name: SCHNEBLY, JOHN  
Address: P.O. DRAWER 2140  
City-St-Zip: DAYTONA BEACH, FL 32115

**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:

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: BERRIEN H BECKS JR

D

04/08/2009

Electronic Signature of Signing Officer or Director

Date