## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000006583

FILED Apr 27, 2004 Secretary of State

Entity Name: THE VILLAGES REGIONAL MEDICAL CENTER PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
1100 MAIN THE VILLA	NST AGES, FL 321	59		
Current Mailing Address:		New Mailing Address:		
1100 MAIN THE VILLA	NST AGES, FL 321	59		
FEI Number	: 59-3550841	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	l Address of (	Current Registered Agent:	Name and Address o	f New Registered Agent:
WISE, JOI 1100 MAIN				
THE VILLA	AGES, FL 321 named entity		ourpose of changing its registered	d office or registered agent, or both,
THE VILLA The above in the State	AGES, FL 321 e named entity e of Florida.		ourpose of changing its registered	d office or registered agent, or both,
THE VILLA The above in the State	AGES, FL 321 named entity of Florida.  RE:			d office or registered agent, or both,  Date
THE VILLA The above in the State SIGNATUI	AGES, FL 321 named entity of Florida.  RE:	submits this statement for the particles of Registered Agric Signature of Registered Agric	ent	
THE VILLA The above in the State SIGNATUI	e named entity e of Florida. RE:Electron	submits this statement for the price Signature of Registered Age  TORS:  ) Delete Y NO REAL	ent	Date
THE VILLA The above in the State SIGNATUI  OFFICER: Vame: Address:	e named entity e of Florida.  RE:  Electroi  S AND DIRECTOR  TD ( UPTON, TERR 1451 EL CAMI THE VILLAGES	submits this statement for the price Signature of Registered Age TORS:  ) Delete Y NO REAL S, FL 32159 ) Delete	ent  ADDITIONS/CHANGE  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TERRY R. UPTON D 04/27/2004