2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000002946

1. Entity Name
SWANN MEDICAL COMPLEX PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
400 US HWY 27 N DAVENPORT, FL 33837	400 US HWY 27 N DAVENPORT, FL 33837

04272005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3609374
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HEYSEK, RANDY V
400 U.S. HWY 27 N
DAVENPORT, FL 33837

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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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	CAMB, JOLGEL
STREET ADDRESS	2231 N BLVD W
CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	DV
NAME	MURRAY, IVAN
STREET ADDRESS	2235 N BLVD W
CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	PD
NAME	HEYSEK, RANDY V
STREET ADDRESS	2243 N BLVD W
CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	TD
NAME	MANUBENS, CLAUDIO
STREET ADDRESS	2239 A NORTH BLVD W
CITY ST-ZIP	DAVENPORT, FL 33837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/05-80141-009 61.25

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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: _____ 4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #