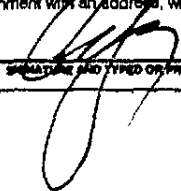


FROM

(WED) APR 27 2005 13:17/ST. 13:16/No. 6808539336 P 2

**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 400 US HWY 27 N DAVENPORT, FL 33837		Mailing Address 400 US HWY 27 N DAVENPORT, FL 33837
DO NOT WRITE IN THIS SPACE		
		04272005 No Chg-NP CP2E037 (10/03)
4. FEI Number 69-3609374		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		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE		
Filing Fee is \$41.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CAMP, JOLGEL 2231 N BLVD W DAVENPORT, FL 33837	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MURRAY, IVAN 2235 N BLVD W DAVENPORT, FL 33837	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEYSEK, RANDY V 2243 N BLVD W DAVENPORT, FL 33837	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MANUBENS, CLAUDIO 2239 A NORTH BLVD W DAVENPORT, FL 33837	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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: 		DO NOT WRITE IN THIS SPACE U00000355283 05/03/05-80141-009 61.25 4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #