

# **2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N99000002946

**FILED**  
**Apr 29, 2014**  
**Secretary of State**

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

**Current Principal Place of Business:**

40107 HIGHWAY 27  
DAVENPORT, FL 33837

**New Principal Place of Business:**

1420 CELEBRATION BLVD  
SUITE 308  
CELEBRATION, FL 34747

**Current Mailing Address:**

40107 HIGHWAY 27  
DAVENPORT, FL 33837

**New Mailing Address:**

1420 CELEBRATION BLVD  
SUITE 308  
CELEBRATION, FL 34747

**FEI Number:** 59-3609374

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HEYSEK, RANDY V  
40107 HIGHWAY 27  
DAVENPORT, FL 33837 US

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

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:** RANDY V HEYSEK

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DS  
**Name:** CAMB, JOLGEL  
**Address:** 2231 N BLVD W  
**City-St-Zip:** DAVENPORT, FL 33837

**Title:** DV  
**Name:** MURRAY, IVAN  
**Address:** 2235 N BLVD W  
**City-St-Zip:** DAVENPORT, FL 33837

**Title:** PD  
**Name:** HEYSEK, RANDY V  
**Address:** 2243 N BLVD W  
**City-St-Zip:** DAVENPORT, FL 33837

**Title:** TD  
**Name:** MANUBENS, CLAUDIO  
**Address:** 2239 A NORTH BLVD W  
**City-St-Zip:** DAVENPORT, FL 33837

I hereby 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 all other like empowered.

**SIGNATURE:** RANDY V HEYSEK

DIR

04/29/2014

Electronic Signature of Signing Officer or Director

Date