

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90033 048 ****61.25

0029224

DOCUMENT # 723342

1. Entity Name

ROOSEVELT GARDEN APARTMENTS COMDOMINIUM , INC

Principal Place of Business

119-139 ROOSEVELT AVE
 COCOA BEACH FL 32931
 US

Mailing Address

P.O. BOX 272
 CAPE CANVERAL FL 32920
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1617 Cooling Ave
 Melbourne, FL
 32935 USA

4. FEI Number

59-2471108

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KANE, CHARLES
 5340 N ATLANTIC AVE
 COCOA BEACH FL 32931

7. Name and Address of New Registered Agent

Name: Space Coast Property Management
 Street Address (P.O. Box Number is Not Acceptable):
 1617 Cooling Ave
 City: Melbourne, FL Zip Code: 32935

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.

SIGNATURE

Van Moore Van Moore

3-29-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	DONOVAN, TOM	1400 ISLAND DR.	MERRITT ISLAND FL 32952	<input type="checkbox"/>
SD	DOUGLAS, KENNETH	131 B ROOSEVELT AVE.	COCOA BEACH FL 32931	<input checked="" type="checkbox"/>
V	SHAFFER, GERALD	119 B ROOSEVELT AVE	COCOA BEACH FL 32931	<input type="checkbox"/>
TD	MCGHEE, RAYMOND	396 HARBOUR DR	CAPE CANAVERAL FL 32920	<input type="checkbox"/>
D	HAGERSTROM, RUSSELL	127 D ROOSEVELT AVE	COCOA BEACH FL 32931	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
U P	DONOVAN, TOM	573 CAPRI RD.	COCOA BEACH FL 32931	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	Juanita Kongsjord	124 Terry Street	Indian Harbour Bch, FL 32937	<input type="checkbox"/>	<input type="checkbox"/>
SD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	Frank Boyer	112 ROOSEVELT AVE.	Cocoa Bch, FL 32931	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/2001 321-773-6572
 Date Daytime Phone #

CR2E037 (10/00)