FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **728231** **(2)**

1. Corporation Name
COCOA BEACH TOWERS MANAGEMENT, INC.

Principal Place of Business	Mailing Address
220 YOUNG AVE. #15 COCOA BEACH CL 32931 US	220 YOUNG AVE #15 COCOA BEACH FL 32931 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1973
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1568144 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HUTTO, MAURICE S
220 YOUNG AVENUE
#54
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	M	1.1 TITLE		☐ Change ☐ Addition
NAME	ETHERTON, RUTH	1.2 NAME		
STREET ADDRESS	511 INVERNESS	1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP		
TITLE	VPD	2.1 TITLE		☐ Change ☐ Addition
NAME	CHAPP, WILLIAM	2.2 NAME		
STREET ADDRESS	630 S. BREVARD AVE. #1131	2.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	HUTTO, MAURICE S	3.2 NAME		
STREET ADDRESS	220 YOUNG AVENUE #54	3.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE	S	☒ Change ☐ Addition
NAME	WOJEWODA, PATRICIA	4.2 NAME	ARGEN, NICOLAS	
STREET ADDRESS	830 N. ATLANTIC AVE #1604	4.3 STREET ADDRESS	220 YOUNG AVE # 49	
CITY-ST-ZIP	COCOA BEACH FL	4.4 CITY-ST-ZIP	COCOA BEACH. FL 32931	
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	DOCKRAY, EDWARD W	5.2 NAME		
STREET ADDRESS	220 YOUNG AVENUE #30	5.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward W Dockray - Trea EDWARD W. DOCKRAY 3/5/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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