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

# FILED
# Apr 24 1998 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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

1. Corporation Name

**COCOA BEACH TOWERS MANAGEMENT, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 220 YOUNG AVE.<br>#15<br>COCOA BEACH CL 32901<br>US | 220 YOUNG AVE<br>#15<br>COCOA BEACH FL 32931<br>US |

3. Date Incorporated or Qualified: 12/07/1973

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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**

CHARLES HALGREEN
220 YOUNG AVE. 22
COCOA BCH FL 32931

**10. Name and Address of New Registered Agent**

81 Name: Barbra Halgren
82 Street Address (P.O. Box Number is Not Acceptable): 1041 N. Indian River Dr.
83
84 City: Cocoa **FL** 85 Zip Code: 32922

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Barbara D. Halgren, President — Barbara D Halgren, Pres. — 4-15-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | S | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WOJEWODA, EUGENE | | 1.2 NAME | | |
| STREET ADDRESS | 830 N ATLANTIC AVE #1604 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | COCOA BEACH FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | PD | ☒ DELETE | 2.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | CHARLES HALGREEN | | 2.2 NAME | Barbra Halgren | |
| STREET ADDRESS | 220 YOUNG AVE. 22 | | 2.3 STREET ADDRESS | 1041 N. INDIAN RIVER DR. | |
| CITY-ST-ZIP | COCOA BCH FL | | 2.4 CITY-ST-ZIP | Cocoa, Fla. 32922 | |
| TITLE | VPD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CHAPP, WILLIAM | | 3.2 NAME | | |
| STREET ADDRESS | 630 S BREVARD AVE., #1131 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | COCOA BEACH FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | TD | ☒ DELETE | 4.1 TITLE | TD | ☒ Change ☐ Addition |
| NAME | DOCKRAY, EDWARD | | 4.2 NAME | MICHAEL SOTAK | |
| STREET ADDRESS | 220 YOUNG AVE., #30 | | 4.3 STREET ADDRESS | 832 MAXWELL PL. | |
| CITY-ST-ZIP | COCOA BEACH FL | | 4.4 CITY-ST-ZIP | LANSDALE, PA. 19446 | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ETHERTON, RUTH | | 5.2 NAME | | |
| STREET ADDRESS | 511 INVERNESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MELBOURNE FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (10/97)

14. 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 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:** William V. Chapp — William V. Chapp V.P. — 4/15/98 — 799-0363