

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90410 035 ****61.25

DOCUMENT # 731603

1. Entity Name
COMMUNITY CONDOMINIUM SERVICES, INC.

Principal Place of Business Mailing Address

1 TURTLE BEACH ROAD 1 TURTLE BEACH ROAD
 VERO BEACH FL 32963 VERO BEACH FL 32963

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1570442** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROSE, MR. MICHAEL L. 1 TURTLE BEACH ROAD VERO BEACH FL 32983		Name Barker, John E. Street Address (P.O. Box Number is Not Acceptable) 1 Turtle Beach Road City Vero Beach FL Zip Code 32963	

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 **John E. Barker** DATE **4/9/02**

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

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 AS NAME LANAHAN, RICHARD STREET ADDRESS 1 TURTLE BEACH ROAD CITY-ST-ZIP VERO BEACH FL 32963	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME STRICKLAND, KATHERINE STREET ADDRESS 431 SILVER MOSS DR. #131 CITY-ST-ZIP VERO BEACH FL 32963	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AS NAME BARKER, JOHN E. STREET ADDRESS 1 TURTLE BEACH ROAD CITY-ST-ZIP VERO BEACH FL 32963	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME BEAM, FRANCIS H STREET ADDRESS 1000 BEACH ROAD #294 CITY-ST-ZIP VERO BEACH FL 32963	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME IRWIN, ROBERT H STREET ADDRESS 850 BEACH ROAD #380 CITY-ST-ZIP VERO BEACH FL 32963	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME CASSADY, JAMES R. STREET ADDRESS 600 BEACH ROAD, #237 CITY-ST-ZIP VERO BCH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **John E. Barker** DATE **4/9/02** 772-231-1666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)