


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90222 012 ****61.25

DOCUMENT # 733080 1. Entity Name SPACE COAST CONDOMINIUMS ASSOCIATION, INC.					
Principal Place of Business P O BOX 320495 COCOA BEACH, FL 32931 US			Mailing Address P.O. BOX 320495 COCOA BEACH, FL 32932-0495		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2936127	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRY, CHARLES 1890 NO ATLANTIC AVE. STE 305 COCOA BEACH, FL 32931				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD		TITLE	S	
NAME	HARRY, CHARLES		NAME	VICTOR CHURCHWARD	
STREET ADDRESS	1890 NO ATLANTIC AVE. STE A305		STREET ADDRESS	4067 N. HARBOR CITY BLVD, UNIT 101	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	D		TITLE	D	
NAME	MILLER, MARYWILL		NAME	BARBARA PETERSON	
STREET ADDRESS	3 D CAPE SHORES DR N		STREET ADDRESS	2005, BANANA RIVER BLVD, #2302	
CITY-ST-ZIP	CAPE CAVAVERRAL, FL 32931		CITY-ST-ZIP	COCOA BEACH, FL	
TITLE	D		TITLE		
NAME	BULL, JOHN		NAME		
STREET ADDRESS	1919 HWY A1A #301		STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937		CITY-ST-ZIP		
TITLE	TD		TITLE		
NAME	WALTEROUSE, MARGARET ANN		NAME		
STREET ADDRESS	1095 N. HIGHWAY A1A #503		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32902		CITY-ST-ZIP		
TITLE	D		TITLE		
NAME	RITTERERSTEIN, GARY		NAME		
STREET ADDRESS	243 JAMAICA DR		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	VP		TITLE		
NAME	THOMAS, MARR		NAME		
STREET ADDRESS	1714 UNIVERSITY LANE #302		STREET ADDRESS		
CITY-ST-ZIP	COCOA, FL 32922		CITY-ST-ZIP		
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: <u>HARRY CHARLES</u> 7/2/05 (321) 754-5913 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

HARRY CHARLES