

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90060 025 \*\*\*\*61.25

**60011802**



01302006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # 733080</b> 1. Entity Name <b>SPACE COAST CONDOMINIUMS ASSOCIATION, INC.</b>					
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			
Zip	Country	Zip	Country	4. FEI Number <b>59-2936127</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HARRY, CHARLES</b> <b>1890 NO ATLANTIC AVE. STE 305</b> <b>COCOA BEACH, FL 32931</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <i>Harry Charles</i>		(NOTE: Registered Agent signature required when reinstating)		DATE <b>2/3/06</b>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D <b>BARBARA PETERSON</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HARRY, CHARLES		NAME	RIVER	
STREET ADDRESS	1890 NO ATLANTIC AVE. STE A305		STREET ADDRESS	200 S. BANANA RIVER BLVD "2003"	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	S	<input type="checkbox"/> Delete	TITLE	D <b>BEVERLEY GAUTHIER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CHURCHWARD, VICTOR		NAME	3970 GATEWOOD STREET	
STREET ADDRESS	9067 NORTH HARBOR CITY BLVD SUITE 101		STREET ADDRESS	COCOA, FL 32926	
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RITTERERSTEIN, GARY		NAME		
STREET ADDRESS	243 JAMAICA DR		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 exemptions contained in Chapter 119, 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: <i>Harry Charles</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>2/3/06</b> Daytime Phone # <b>321-784-5913</b>	