## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)						FILED Mar 03, 2003 8:00 am			
DOCU  1. Entity Name			Secretary of State						
,	OAST CONDOMINIUMS ASSO	CIATION, INC.				03-03-2003 90496 01	2 ****61	.25	
P O BOX 320495 P.O.		Mailing Address P.O. BOX 320495 COCOA BEACH FL 32932-0495			IS <b>00</b> (())) <b>00</b> 101 ( <b>0</b> 15) <b>10</b> 11 <b>110</b> 11 <b>110</b> 11	1) <b>0</b> 81 <b>1</b> 141) <b>0</b> 1011	1 <b>4 (G</b> )		
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & Stat		City & State COCOA BE	SCOA BEACH FL			4. FEI Number <b>59-2936127</b> Applied For Not Applicable			
Zip J2		Zip 3293/	BREVAP	20	5. Certificate of S	talus Desired Fr	8.75 Addi ee Required		
<del></del>	6. Name and Address of Current F	legistered Agent	- Nome			dress of New Registered Ag	jent		
HARRY, 0 1890 NO	Name Street A	Street Address (P.O. Box Number is Not Acceptable)  1890 No 1874 ANTIC AVE, # 305							
COCOA BEACH FL 32931									
•				COCOA BEACH FL Zip Code 3293/					
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered office o	r registere	ed agent, or both, in	the State of Florida. I am far	miliar with, a	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent signa	ture required	when reinstating)	DATE			
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State				
10.	OFFICERS AND DIRI	ECTORS	11.	A	ADDITIONS/CHANG	L ES TO OFFICERS AND DIRE	CTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRY, CHARLES 1890 NO ATLANTIC AVE. STE A30 COCOA BEACH FL 32931	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	מ	MARY WI	LL MILLER DA DAUGHAL FL MARR	Change	CR2E037 (10/02)	
TITLE	D	<b>∑</b> Delete	TITLE	VP.	THOMAS	MARR	スペイン/ スペイン/	Addition C	
NAME	MILLER, MARYWIL	ÇAL DEIELE	NAME			ERSITY AVE			
STREET ADDRESS CITY-ST-ZIP	3 D CAPE SHORES DR N CAPE CANAVERAL 32931		STREET ADDRESS CITY-ST-ZIP		COA FL	. 2017			
TITLE NAME	TD DOCKRAY, EDWARD-W	☐ Delete	TITLE				Change	Addition	
STREET ADDRESS	220 YOUNG AVE SUITE 30		STREET ADDRESS	,					
CITY-ST-ZIP	COCOA BEACH FL 32931	<b>N</b>	CITY-ST-ZIP					<b>5</b>	
TITLE Name	WALTER HOUSE, MARGARET ANN	Delete	TITLE NAME	\\ \alpha^{\chi}_{\chi}	LIGTOR C	HURCHWARD	☐ Change	Addition	
	1095 N. HIGHWAY A1A #503		STREET ADDRESS	11.	405 1761	04 AIA 430			
CITY-ST-ZIP	INDIALANTIC FL 32903	[] n	CITY-ST-ZIP	2	ATELITI	THEACA PL	32931	Adam-	
TITLE NAME	RITTERERSTEIN, GARY	☐ Delete	TITLE NAME	!	NARE ALE	10 A L ( S '	Buthange ₹045	Addition	
STREET ADDRESS	243 JAMAICA DR		STREET ADDRESS	1095	- which c	44 A(A- 4503	•		
CITY-ST-ZIP	COCOA BEACH FL 32931		CITY-ST-ZIP	ユ	CAP JAIL	116 FL 32 902	_		
TITLE NAME	PD THOMAS, MARR	Delete	TITLE NAME				Change	Addition	

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

1714 UNIVERSITY LANE #302

COCOA FL 32922

STREET ADDRESS