

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM****Secretary of State****DOCUMENT # 746427****1. Entity Name****THE FOUR SEASONS CONDOMINIUM ASSOCIATION OF COCOA BEACH, INC.****Principal Place of Business**COCOA BEACH, INC.
3799 S. BANANA RIVER BLVD.
COCOA BEACH
329313462

FL

Mailing AddressCOCOA BEACH, INC.
3799 S. BANANA RIVER BLVD.
COCOA BEACH
329313462

FL

2. Principal Place of Business

FOUR SEASONS CONDOMINIUM ASSOCIATION, INC.

3. Mailing Address

FOUR SEASONS CONDOMINIUM ASSOCIATION, INC.

Suite, Apt. #, etc.

3799 S. BANANA RIVER BLVD.

Suite, Apt. #, etc.

3799 S. BANANA RIVER BLVD.

City & State

COCOA BEACH

FL

City & State

COCOA BEACH

FL

Zip

32931

Country

US

Zip

32931

Country

US

4. FEI Number**59-1978855****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentNORWICH, WILLIAM G. (ATTY)
45 SOUTH ATLANTIC AVE.COCOA BEACH
32931

FL

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

SOILEAU, JOHN (ATTY)

Street Address (P.O. Box Number is Not Acceptable)
1970 MICHIGAN AVE, BLDG C

P O BOX 236007

City
COCOA

FL

Zip Code
32923**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 SOILEAU****04/30/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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**
Department of State**10. OFFICERS AND DIRECTORS**

TITLE	ST	☐ Delete
NAME	CAVALUZZO RUTH	
STREET ADDRESS	3799 S BANANA RIVER BLVD	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	D	☐ Delete
NAME	DANA HILTON	
STREET ADDRESS	3799 S BANANA RIVER BLVD	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	P	☐ Delete
NAME	MILLER THERON	
STREET ADDRESS	3799 SO BANANA RIVER BLVD	
CITY-ST-ZIP	COCOA BCH FL	
TITLE	P	☐ Delete
NAME	O JIM	
STREET ADDRESS	3799 S. BANANA RIVERS BLVD	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	T	☐ Delete
NAME	LUNNEN RUSS	
STREET ADDRESS	3799 S BANANA RIVERS BLVD #813	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☒ Change ☐ Addition
NAME	SPECHA LORRAINE	
STREET ADDRESS	3799 S BANANA RIVER BLVD, #804	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	D	☒ Change ☐ Addition
NAME	HENNIGAN CLAUDIA	
STREET ADDRESS	3799 S BANANA RIVER BLVD, #806	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	D	☒ Change ☐ Addition
NAME	DOANE ROBERT	
STREET ADDRESS	3799 S. BANANA RIVER BLVD, #502	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	D	☒ Change ☐ Addition
NAME	DENT JAMES	
STREET ADDRESS	3799 S. BANANA RIVER BLVD, #817	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	D	☒ Change ☐ Addition
NAME	CLERICUZIO MARJORIE	
STREET ADDRESS	3799 S BANANA RIVER BLVD, #1023	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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)(f), 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: Thomas C. Donnelly**

P

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dwelling Phone #

CR2E037 (11/00)