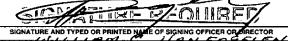
**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 19, 2001 8:00 am Secretary of State **DOCUMENT # 749632** 1. Entity Name PAR 4 CONDOMINIUM ASSOCIATION. INC. 03-19-2001 90043 002 \*\*\*\*61.25 Mailing Address Principal Place of Business 1523 MALLARD CT 1523 MALLARD CT TITUSVILLE FL 32796 TITUSVILLE FL 32796 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2172407 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) VANENGELENBURG, W. C. 1523 MALLARD CT TITUSVILLE FL 32796 City 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE Change ■ Addition TITLE ☐ Delete VANENGELENBURG, W C NAME NAME STREET ADDRESS 1523 MALLARD CT STREET ADDRESS CITY-ST-ZIP TITUSVILLE, FL 00000 CITY-ST-ZIP STD ☐ Change Addition ☐ Delete TITLE TITLE VANENGELENBURG, ELS NAME NAME STREET ADDRESS 1523 MALLARD CT STREET ADDRESS CITY-ST-ZIP TITUSVILLE, FL 00000 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE INGLES, ERNEST NAME NAME 1523 MALLARD CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIF TITUSVILLE FL CITY-ST-ZIP ☐ Addition TITLE Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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



Mar 14, 2001 321-269-5913