

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90008 029 \*\*\*\*70.00

**DOCUMENT # 758660**

Entity Name  
**CASA SERENA CONDOMINIUM ASSOCIATION OF BREVARD,**

Principal Place of Business      Mailing Address  
 CANAVERAL COURT      5803 N BANANA RIVER BLVD #1022  
 CANAVERAL FL 32920      CAPE CANAVERAL FL 32920-3988



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2454487	Not Applicable
City & State	Country	City & State	Country	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip		Zip			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WAYNE		Name	
N. ATLANTIC AVENUE		Street Address (P.O. Box Number is Not Acceptable)	
CAPE CANAVERAL FL		City	
		FL Zip Code	

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, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW</b> <b>FEES IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
PVD BLIZZARD, JAMES L. 366 CORAL DR CAPE CANAVERAL FL TSD	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CAIN, PATRICIA 5803 N BANANA RIVER BLVD CAPE CANAVERAL FL D	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
COUTTS, AL 570 HARROP DRIVE MILTON, ONTARIO	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED**      4/11/00 (321)784-9217

CF2E037 (9/99)