

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90037 034 *****70.00

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DOCUMENT # 758660			
1. Entity Name CASA SERENA CONDOMINIUM ASSOCIATION OF BREVARD, INC.			
Principal Place of Business 8535 CANAVERAL COURT CAPE CANAVERAL FL 32920 US		Mailing Address 5803 N BANANA RIVER BLVD #1032 CAPE CANAVERAL FL 32920	
2. Principal Place of Business 8535 Canaveral Blvd.		3. Mailing Address 200 W. Central Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cape Canaveral, Fl.		City & State Cape Canaveral, Fl	
Zip 32920	Country Brevard	Zip 32920	Country Brevard



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2454487		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent RUTHERFORD, WAYNE 8401 N. ATLANTIC AVENUE CAPE CANAVERAL FL				7. Name and Address of New Registered Agent Name Ahmad Nasajpour Street Address (P.O. Box Number is Not Acceptable) 1140 Horizon Court City Merritt Island FL Zip Code 32952			
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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 **Ahmad Nasajpour, Treasurer** *Ahmad Nasajpour* **3-18-2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	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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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD BLIZZARD, JAMES L. 366 CORAL DR CAPE CANAVERAL FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD Rockey, Karen S. 8529 Canaveral Blvd. Cape Canaveral, Fl. 32920	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD CAIN, PATRICIA 5803 N. BANANA RIVER BLVD CAPE CANAVERAL FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD Nasajpour, Ahmad 1140 Horizon Court Merritt Island, Fl. 32952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUTTS, AL 570 HARROP DRIVE MILTON, ONTARIO	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Froughi, Shahla 1140 Horizon Court Merritt Island, Fl. 32952	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ahmad Nasajpour* **Ahmad Nasajpour, treasurer 3-18-2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)