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

## **DOCUMENT # 758660**

1. Entity Name



**FILED** Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90188 005 \*\*\*\*61.25

INC.	:HENA CONDOMINIUM ASSC	iciation of Brevar	D,						
Principal Place of Business 8535 CANAYERAL COURT CAPE CANAVERAL FL 32920 US		Mailing Address 200 W CENTRAL BLVD CAPE CANAVERAL FL 32920							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKII		*	ثد
City & State		City & State		4. FEI Number 59			pplied For	$\Box$	
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Registere	•	eu	4
				Name			a rigoni		7
1140 HO	our, ahmad Prizon Court Tisland FL 32952		Street Addres		P.O. Box Number is N	lot Acceptable)			
MCruuii	ISLAND PL 32832	Cit		City		F	Zip Cod	de	$\frac{1}{2}$
	Signature, typed or printed name of registered agent		npaign Fin	ancing	<del></del>	Make Che Florida Depa	ck Payable	to State	
10.	OFFICERS AND DII	PEOTORO				-			
TITLE	PVD OFFICERS AND DIE	· · · · · · · · · · · · · · · · · · ·	11.		DDITIONS/CHANGE	S TO OFFICERS AND D	DIRECTORS IN	1 10	]_
NAME	ROCKEY, KAREN S	☐ Delete	NAME				Change	Addition	(10/02)
STREET ADDRESS	8529 CANAVERAL BLVD			ADDRESS					15
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		CITY-S1	· · ·					F037
TITLE	TSD	☐ Delete	TITLE	<del>-  -</del>	***		Chorse	T Addition	
NAME	NASAJPOUR, AHMAN		NAME	1			Change	☐ Addition	] <u>ĝ</u>
STREET ADDRESS	1140 HORIZON COURT		STREET	ADDRESS					
CITY-ST-ZIP	MERRITT ISLAND FL 32952		CITY-ST	- ZIP					
TITLE	EDOLICUS OLIANIA	☐ Delete	TITLE		<del></del>	-	☐ Change	Addition	1
NAME Street address	FROUGHI, SHAHLA 1140 HORIZON COURT		NAME						
CITY-ST-ZIP	MERRITT ISLAND FL 32952		CITY-ST	ADDRESS					1
TITLE	MENTITY ISLAND FE 32832	Поль		- ZIF				<del></del> .	1
IAME		☐ Delete	TITLE NAME				☐ Change	Addition Addition	
TREET ADDRESS			STREET /	ADDRESS					
CITY = ST=ZIP			- G-CHY-ST	-ZIP		<del></del>			-
ITLE	-	☐ Delete	TITLE				☐ Change	☐ Addition	1
IAME			NAME						
TREET ADDRESS			STREET A	1					
ITLE	<u> </u>		CITY-ST	-ZIP					]
AME		☐ Delete	TITLE NAME	1			☐ Change	☐ Addition	
TREET ADDRESS			STREET A	DORESS					
ITY-ST-ZIP			CITY-ST-	1					

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 Nasajiout REQUIRED

2-7-2003