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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762434

1. Corporation Name
2100 WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 2090 N. ATLANTIC AVE. COCOA BEACH FL 32931	Mailing Address 2090 N. ATLANTIC AVE. COCOA BEACH FL 32931
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/15/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 36-3218811
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

B P DAVIS PROPERTY MGMT, INC
1980 N ATLANTIC AVE #701
COCOA BCH 32931

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	FITZER, HERB	
STREET ADDRESS	2090 N ATLANTIC AVE #405	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TIEMAN, ROY	
STREET ADDRESS	2090 N. ATLANTIC AVE., #403	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	OLSON, AL	
STREET ADDRESS	P.O. BOX 320794 N/A	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HERMAN, NATE	
STREET ADDRESS	2090 N. ATLANTIC AV #306	
CITY-ST-ZIP	COCOA BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Herman, Nate	
1.3 STREET ADDRESS	2090 N Atlantic Ave #306	
1.4 CITY-ST-ZIP	Cocoa Beach, FL. 32931	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 3-5-99 DAYTIME PHONE #: (407) 784-2091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)