

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762434

1. Entity Name

2100 WEST CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90041 039 ****61.25

Principal Place of Business

Mailing Address

**2090 N. ATLANTIC AVE.
 COCOA BEACH FL 32931**

**2090 N. ATLANTIC AVE.
 COCOA BEACH FL 32931-5010**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3218811

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	FITZER, HERB	
STREET ADDRESS	2090 N ATLANTIC AVE #405	
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	PD	<input checked="" type="checkbox"/> Delete
NAME	HERMAN, NATE	
STREET ADDRESS	2090 N. ATLANTIC AV #306	
CITY-ST-ZIP	COCOA BCH FL 32931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Chuck Kuhn		
STREET ADDRESS	2090 N. ATLANTIC AVE, #PH-2		
CITY-ST-ZIP	COCOA BEACH, FL 32931		
TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AL OLSON		
STREET ADDRESS	PO BOX 320794		
CITY-ST-ZIP	COCOA BEACH, FL 32931		
TITLE	SD	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Roy Tieman		
STREET ADDRESS	2090 N. ATLANTIC AVE, #403		
CITY-ST-ZIP	COCOA BEACH, FL 32931		
TITLE	TRD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GEORGE VASIOU		
STREET ADDRESS	2090 N. ATLANTIC AVE, #305		
CITY-ST-ZIP	COCOA BEACH, FL 32931		
TITLE	D	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HERB FITZER		
STREET ADDRESS	2090 N. ATLANTIC AVE #405		
CITY-ST-ZIP	COCOA BEACH, FL 32931		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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 life empowered.

SIGNATURE:

CHAS. R. KUHN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)