


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

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90079 028 \*\*\*\*61.25

**DOCUMENT # N01000002228**

1. Entity Name  
**LUTHERAN RETIREMENT CAMPUS OF MERRITT ISLAND CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**280 EAST MERRITT AVENUE  
MERRITT ISLAND FL 32953**

Mailing Address  
**280 EAST MERRITT AVENUE  
MERRITT ISLAND FL 32953**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip



CHECK HERE IF MAKING CHANGES

51-0425535

4. FEI Number **APPLIED FOR**  
~~0000000000~~

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MOSLEY, CURTIS R ESQ.  
1221 EAST NEW HAVEN AVENUE  
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FLECK, ROGER	
STREET ADDRESS	490 DIANA BLVD.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	COOK, CLARENCE	
STREET ADDRESS	4155 SAND YSIDRO WAY	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KESSEE, CRAIG	
STREET ADDRESS	2155 ROYAL OAK DR	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HEATHCOTE, PAULINE	
STREET ADDRESS	775 PLANTATION ROAD	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HUGHES, BETTY A	
STREET ADDRESS	2080 NEWFOUND HARBOUR DR	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 like empowered.

SIGNATURE: Betty A Hughes **RESIGNED** 2/27/03 321-452-4080

CR2E037 (10/02)