AMENDED

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08-21-2002 90086 018 ****61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # N05210

1. Entity Name
BLUFFS CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

976002

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2. Principal Place of Business	3. Mailing Address
4316 Mt Carmel Ln	4316 Mt Carmel Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne FL	City & State: Melbourne, FL
Zip: 32901 Country: USA	Zip: 32901 Country: USA

4. FEI Number 59-2740533 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: David Moallem (old President/Agent)

Street Address (P.O. Box Number is Not Acceptable): 1663 Georgia St NE

City: Palm Bay FL Zip Code: 32907

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: Vince Worbington President 7/26/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

(1) President Vince Worbington 4316 Mount Carmel Lane Melbourne, FL 32901	D
(2) V.P. Tom Moultrie 405 Avenue A ~~Melbourne Beach, FL 32951~~	D
(3) Secretary/Treasurer Patrick Byrne 607 Casa Grande Drive Melbourne, FL 32940-7002	D

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Vince Worbington 7/25/02 321-953-9722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JS 9/10/02