

FILED

03 MAY -5 PM 1:11

DOCUMENT # *N05210*

The Bluffs Condo. Assoc. Inc. ✓



3. Mailing Address  
1617 Cooling Ave  
Suite Apt. # etc

Suite, Apt. #, etc.

City & State  
Melbourne FL

32935

USA

Not Applicable
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**\$8.75** Additional  
Fee Required

Name Space Coast Property Management

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

1617 Cooling Ave

Ci

ty Melbourne

# E1

Zip Code  
32935

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

4-22-03

**Make Check Payable to  
Florida Department of State**

TITLE	P.D.
NAME	Byrne, Patrick
STREET ADDRESS	607 Casa Grande
CITY-ST-ZIP	Melbourne, FL 32940

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY, ST. ZIP

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CITY, ST, ZIP

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NAME  
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TITLE  
NAME  
STREET ADDRESS

Signature shall  
be required by

800018843218  
05/13/03--01061--012 \*\*61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/07  
Date

Date \_\_\_\_\_

(321) 951-5705  
Daytime Phone #

Daytime Phone #

**CR2E037B (12/02)**