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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N41299**

1. Corporation Name
TOWNHOMES OF COCOA BEACH CONDOMINIUM ASSOCIATION , INC.

Principal Place of Business	Mailing Address
185 ESCAMBIA LANE COCOA BEACH FL 32931	185 ESCAMBIA LANE COCOA BEACH FL 32931

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/13/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3042576 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DUN HOUR, ELWOOD M 105 ESCAMBIA LANE #801 COCOA BEACH FL 32931	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 Elwood M Dunhour Elwood M Dunhour Treasurer 3/11/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SENEY, WAYNE		1.2 NAME		
STREET ADDRESS	125 ESCAMBIA LN SUITE 306		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BCH FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DUNHOUR, ELWOOD M		2.2 NAME		
STREET ADDRESS	105 SECAMBIA LN., #108		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BCH FL		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	P	☐ Change ☒ Addition
NAME	MACKAY, NANCY		3.2 NAME	LINDA BOWMAN	
STREET ADDRESS	155 ESCAMBIA LN SUITE 607		3.3 STREET ADDRESS	115 ESCAMBIA LN. #401	
CITY-ST-ZIP	COCOA BCH. FL		3.4 CITY-ST-ZIP	COCOA BEACH, FL. 32931	
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ELLIOTT, HENRY M		4. 2 NAME		
STREET ADDRESS	105 ESCAMBIA LN., #806		4.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BCH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WYNNE, STEPHEN P		5.2 NAME		
STREET ADDRESS	125 ESCAMBIA LN., #304		5.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BCH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Elwood M Dunhour ELWOOD M DUNHOUR 3/11/99 799-1675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #