

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90208 028 ****61.25

DOCUMENT # N41299

1. Entity Name

TOWNHOMES OF COCOA BEACH CONDOMINIUM ASSOCIATION

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3042576

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

DUN HOUR, ELWOOD M
105 ESCAMBIA LANE
#801
COCOA BEACH FL 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 **V** ☒ Delete
 NAME **SENEY, WAYNE**
 STREET ADDRESS **125 ESCAMBIA LN SUITE 306**
 CITY-ST-ZIP **COCOA BCH FL**

TITLE **P** ☒ Change ☐ Addition
 NAME **DUNHOUR, SUSAN M.**
 STREET ADDRESS **105 ESCAMBIA LN. #801**
 CITY-ST-ZIP **COCOA BEACH, FL. 32931**

TITLE **TD** ☒ Delete
 NAME **DUNHOUR, ELWOOD M**
 STREET ADDRESS **105 SECAMBIA LN., #108**
 CITY-ST-ZIP **COCOA BCH FL**

TITLE **V** ☒ Change ☐ Addition
 NAME **LINSZ, RALPH H.**
 STREET ADDRESS **105 ESCAMBIA LN. #804**
 CITY-ST-ZIP **COCOA BEACH, FL. 32931**

TITLE **P** ☐ Delete
 NAME **BOWMAN, LINDA**
 STREET ADDRESS **115 ESCAMBIA LN #401**
 CITY-ST-ZIP **COCOA BACH FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **BLAIR, ED**
 STREET ADDRESS **155 ESCAMBIA LN. #601**
 CITY-ST-ZIP **COCOA BEACH, FL. 32931**

TITLE **PO** ☐ Delete
 NAME **ELLIOTT, HENRY M**
 STREET ADDRESS **105 ESCAMBIA LN., #806**
 CITY-ST-ZIP **COCOA BCH FL**

TITLE **T** ☒ Change ☐ Addition
 NAME **FORD, JAN**
 STREET ADDRESS **115 ESCAMBIA LN. #402**
 CITY-ST-ZIP **COCOA BEACH, FL. 32931**

TITLE **D** ☒ Delete
 NAME **WYNNE, STEPHEN P**
 STREET ADDRESS **125 ESCAMBIA LN., #304**
 CITY-ST-ZIP **COCOA BCH FL**

TITLE **S** ☐ Change ☒ Addition
 NAME **FORD, JAN**
 STREET ADDRESS **115 ESCAMBIA LN. #402**
 CITY-ST-ZIP **COCOA BEACH, FL. 32931**

TITLE ☐ Delete
 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: **HENRY M. ELLIOTT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-01 321-784-2843
 Date Daytime Phone #

CR2E037 (10/00)