

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004626

1. Entity Name

3071 CONDOMINIUM ASSOCIATION, INCORPORATED

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90086 030 ****61.25

Principal Place of Business

Mailing Address

3075 FINSTERWALD DRIVE
 TITUSVILLE FL 32780

3063 FINSTERWALD DR
 TITUSVILLE FL 32780-4824
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3075 Finsterwald Dr.

Suite, Apt. #, etc.

City & State

City & State
 Titusville, FL

4. FEI Number

59-3490579

Applied For

Not Applicable

Zip

Country

Zip

Country

32780

USA

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

BOWMAN, HARRY G
 3063 FINSTERWALD DR
 TITUSVILLE FL 32780

Name
 Bonvouloir, James A.
 Street Address (P.O. Box Number is Not Acceptable)

3075 Finsterwald Dr.
 City Titusville FL Zip Code 32780

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 James A. Bonvouloir PD/TD *James A. Bonvouloir* 1/15/00
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	PD	<input type="checkbox"/> Delete
NAME	BONVOULOIR, JAMES A	
STREET ADDRESS	3075 FINSTERWALD DR	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCCLANNAN, DERICK N	
STREET ADDRESS	3067 FINSTERWALD DR	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCCLAIN, TONI A	
STREET ADDRESS	3071 FINSTERWALD DR	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BOWMAN, HARRY G	
STREET ADDRESS	3063 FINSTERWALD DR	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD/TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bonvouloir, James A.	
STREET ADDRESS	3075 Finsterwald Dr.	
CITY-ST-ZIP	Titusville, FL 32780	
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: *James A. Bonvouloir* JAMES A. BONVOULOIR 1/15/00 321-267-3650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)