

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90079 042 ****61.25

DOCUMENT # N94000004626
 Entity Name
3071 CONDOMINIUM ASSOCIATION, INCORPORATED

Principal Place of Business Mailing Address
75 FINSTERWALD DRIVE **3075 FINSTERWALD DR**
TITUSVILLE FL 32780 **TITUSVILLE FL 32780**
US

00030258



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-3490579** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BONVOULOIR, JAMES A
3075 FINSTERWALD DR
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
 (NOTE: Registered Agent signature required when reinstating)

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

DELETE	PTD BONVOULOIR, JAMES A 3075 FINSTERWALD DR TITUSVILLE FL	<input type="checkbox"/> Delete
DELETE	VPD MCCLANNAN, DERICK N 3087 FINSTERWALD DR TITUSVILLE FL	<input type="checkbox"/> Delete
DELETE	SD MCCLAIN, TONI A 3071 FINSTERWALD DR TITUSVILLE FL	<input type="checkbox"/> Delete
DELETE		<input type="checkbox"/> Delete
DELETE		<input type="checkbox"/> Delete
DELETE		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **SIGNATURE REQUIRED** **JAMES A. BONVOULOIR** 2/21/02 321-267-3650
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)