

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17668

FILED
Feb 16, 2004
Secretary of State

Entity Name: 1601 APOLLO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

% ORMOND C. MENDES
1601 S. APOLLO BOULEVARD
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

% ORMOND C. MENDES
1601 S. APOLLO BOULEVARD
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-2860363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDES, ORMOND C.
1601 S. APOLLO BLVD.
MELBOURNE, FL 32901

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MENDES, ORMOND C.,
Address: 1601 S. APOLLO BLVD.
City-St-Zip: MELBOURNE, FL

Title: VSD () Delete
Name: BATTAGLINI, JAMES A.,
Address: 1601 S. APOLLO BLVD.
City-St-Zip: MELBOURNE, FL

Title: SD () Delete
Name: MENDES, JUDITH M.,
Address: 1601 S. APOLLO BLVD.
City-St-Zip: MELBOURNE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: O.C. MENDES

P

02/16/2004

Electronic Signature of Signing Officer or Director

Date