


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 11, 2008 8:00 am
Secretary of State

08-11-2008 90123 032 ****61.25

DOCUMENT # 766280 1. Entity Name CONSTELLATION CONDOMINIUM ASSOCIATION OF BREVARD, INC.					
Principal Place of Business 3221 SOUTH ATLANTIC AVENUE COCOA BEACH FL 32931			Mailing Address 3221 SOUTH ATLANTIC AVENUE COCOA BEACH FL 32931		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2522657 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				2nd MOORE CR2E037 (4/08)	
6. Name and Address of Current Registered Agent LEONARD, L. GEORGE CPA 1485 N ATLANTIC AVE #102 COCOA BEACH FL 32931			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By September 3, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLAIR, TERESA 3221 S. ATLANTIC AVE COCOA BEACH FL 32931	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Blair, Tommy
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHEATON, JOHN 3221 S ATLANTIC AVE COCOA BEACH FL 32931	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	Wheaton
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DUNAGAN, FRANK 3231 S ATLANTIC AVE #603 COCOA BEACH FL 32931	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCANNELL, TORA 3221 S ATLANTIC AVE COCOA BEACH FL 32931	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	Tori
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEESON, JOHN 3221 S ATLANTIC AVE COCOA BEACH FL 32931	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, CINDY 3221 S ATLANTIC AVE COCOA BEACH FL 32931	<input checked="" type="checkbox"/> Delete		VP OST'S GLORIA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Frank Dunagan* 31 Aug 08 321 784 8974