

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002714

FILED
May 07, 2009
Secretary of State

Entity Name: FLORES OCEAN SUITES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

443 JOHNSON AVENUE
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

Current Mailing Address:

200 N FIRST STREET
COCOA BEACH, FL 32931

New Mailing Address:

FEI Number: 59-3645447 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RIGERMAN, MARILYN A
200 N FIRST STREET
COCOA BEACH, FL 32931 US

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: DT () Delete
Name: ABUDIATUKIS, TASSES
Address: 443 JOHNSON AVE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: DS () Delete
Name: EDDS, DYANN
Address: 443 JOHNSON AVE #302
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: DP () Delete
Name: CROLEY, MICA
Address: 443 JOHNSON AVE
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: ABADIATAKIS, TASSOS
Address: 443 JOHNSON AVE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: DP (X) Change () Addition
Name: EDDS, DYANN
Address: 443 JOHNSON AVE #302
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: DS (X) Change () Addition
Name: CROLEY, MIA
Address: 443 JOHNSON AVE
City-St-Zip: CAPE CANAVERAL, FL 32920

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MIA CROLEY

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05/07/2009

Electronic Signature of Signing Officer or Director

Date