

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-03-2003 90472 037 ****61.25

DOCUMENT # N09947

1. Entity Name

4300 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**4300 CONDO ASSOC INC.
4312 SO ATLANTIC AVE
NEW SMYRNA BEACH FL 32169**

Mailing Address

**4300 CONDO ASSOC INC.
4312 SO ATLANTIC AVE
NEW SMYRNA BEACH FL 32169**

00010006



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2835404**

Applied For

Not Applicable

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

**SALAZAR, MARY A
801 ARLINGTON BLVD.
ALTAMONTE SPRINGS FL 32701**

*Ocean Properties
William ROP
3500 S ATLANTIC
N.S.B., FL 32169*

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **CANCELLERI, LEONARD**
STREET ADDRESS **5 CHARLES COURT**
CITY-ST-ZIP **EDISON NJ 08820**

TITLE **D** ☒ Change ☐ Addition
NAME **marion Defeo**
STREET ADDRESS **4306 S. ATLANTIC AVE**
CITY-ST-ZIP **NSB, FL 32169**

TITLE **D** ☐ Delete
NAME **DEFED, MARION**
STREET ADDRESS **4306 S ATLANTIC AVENUE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE **P** ☒ Change ☐ Addition
NAME **Kenneth Burgess**
STREET ADDRESS **896 Oyster Quay**
CITY-ST-ZIP **NSB, FL 32169**

TITLE **VD** ☐ Delete
NAME **ZAHN, FRANK**
STREET ADDRESS **884 OYSTER QUAY**
CITY-ST-ZIP **N.S.B. FL 32169**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **BURGESS KENNETH**
STREET ADDRESS **36 JACKSON DRIVE**
CITY-ST-ZIP **MILFORD CT 06460**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PORTER, FAWN F**
STREET ADDRESS **898 OYSTER QUAY**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/03 386-

Date

Daytime Phone #

CR2E037 (10/02)