2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#741839

Entity Name: THE CONSTELLATION CONDOMINIUM ASSOCIATION, INC.

FILED Apr 22, 2003 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 9445 BLIND PASS ROAD ST PETE BEACH, FL 33706 US **Current Mailing Address: New Mailing Address:** 9445 BLIND PASS ROAD ST PETE BEACH, FL 33706 US FEI Number: 59-1853544 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, BRIAN K. 10033 9TH ST N ST. PETERSBURG, FL 33716 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HUHN, LORRAINE Name: Name: 10033 9TH STREET NORTH Address: Address: City-St-Zip: ST PETERSBURG, FL City-St-Zip: Title: Title: () Delete () Change () Addition Name: HENDERSON, JOAN Name: Address: 10033 9TH STREET NORTH Address: City-St-Zip: ST PETERSBURG, FL City-St-Zip: Title: VTD () Delete Title: () Change () Addition BELDIN, RICHARD Name: Name: Address: 10033 9TH ST N Address: City-St-Zip: ST. PETERSBURG, FL City-St-Zip: Title: SD Title: () Change () Addition () Delete Name: OWENS, MARY Name: 10033 9TH STREET NORTH Address: Address: City-St-Zip: ST PETERSBURG, FL City-St-Zip: Title: Title: () Delete () Change (X) Addition MELA, CANDACE Name: Name: 10033 NINTH STREET NORTH Address: Address: City-St-Zip: City-St-Zip: ST. PETERSBURG, FL 337163804

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: LORRAINE HUHN PD 04/22/2003