

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766280

FILED
Feb 20, 2018
Secretary of State
CC2541237627**Entity Name:** CONSTELLATION CONDOMINIUM ASSOCIATION OF BREVARD, INC.**Current Principal Place of Business:**3221 SOUTH ATLANTIC AVENUE
COCOA BEACH, FL 32931**Current Mailing Address:**3221 SOUTH ATLANTIC AVENUE
COCOA BEACH, FL 32931**FEI Number: 59-2522657****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**L. GEORGE LEONARD, CPA, PA
1485 N ATLANTIC AVE#102
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**Officer/Director Detail :**

Title	PRESIDENT
Name	OWEN, RICHARD
Address	3223 S ATLANTIC AVE #406
City-State-Zip:	COCOA BEACH FL 32931

Title	TREASURER
Name	WAGGONER , STEVEN
Address	3219 S. ATLANTIC AVE APT 504
City-State-Zip:	COCOA BEACH FL 32931

Title	VP
Name	PATTIN, ALEJANDRINA
Address	3221 S ATLANTIC AVE #304
City-State-Zip:	COCOA BEACH FL 32931

Title	SECRETARY
Name	COLLIS, DAVE
Address	3223 S ATLANTIC AVE #205
City-State-Zip:	COCOA BEACH FL 32931

Title	DIRECTOR
Name	MARCUS, ANDY
Address	3219 S ATLANTIC AVE #501
City-State-Zip:	COCOA BEACH FL 32931

Title	DIRECTOR
Name	SPIRO, ANNE
Address	3221 S ATLANTIC AVE 403
City-State-Zip:	COCOA BEACH FL 32931

Title	DIRECTOR
Name	HORACE, CHRIS
Address	3221 S ATLANTIC AVE 703
City-State-Zip:	COCOA BEACH FL 32931

I hereby 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 all other like empowered.

SIGNATURE: STEVEN WAGGONER**T****02/20/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date