**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

Zip Country Zip Country 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  Name  KANE, CHARLES  KEVIN MAWS  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  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.  SIGNATURE  Signally, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulated when reinstating)  PILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution. Added to Fees  Make Check Payable to Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME STREET ADDRESS 2135 N. COURTNEY PKWY., D126 MERRITT ISLAND FL 32952  MERRITT ISLAND FL 32952	1. Entity Nam	MENT # 725421 VILLAGE CONDOMINIUM A	SSOCIATION, INC.	<b></b>		_	n 17, 2001 Secretary 0 01-17-2001 90078 03	of Stat	te	
### FILE NOW: FEE IS \$61.25    Merritt ISLAND FL 32953   MERRITT ISLAND FL 32952   Make Check Payable to Department of State	2135 N COURTENAY PARKWAY		2135 N COURTENAY PARKWAY # E140			1				
Suite, Apt. #, etc.  Suite, Apt. #, etc.  DO NOT WRITE IN THIS SPACE  City & State  Country  Solution of Status Desired  Status Desired  Status Desired  Status Desired  \$8.75 Additional Fee Required Fee Required Fee Required Fee Required Fee Required Fee Required  Name  KANE, CHARLES  KEVIN MAWS  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  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  FILE NOW: FEE IS \$61.25  Street Address (P.O. Box Number is Not Acceptable)  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.  FILE NOW: FEE IS \$61.25  Street Address (P.O. Box Number is Not Acceptable)  Address (P.O. Box Number is Not Acceptable)  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  FILE NOW: FEE IS \$61.25  Street Address (P.O. Box Number is Not Acceptable)  Added to Fees  Make Check Payable to Department of State  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME  PO YOUNGBLOOD, WARREN  STREET ADDRESS CITY-ST-ZIP  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  The MAKE  The ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  The MAKE  The ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  The MAKE  The ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  The MAKE  The ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  The MAKE  The ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  The MAKE  The ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  The MAKE  The ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  The MAKE  The ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  The ADD										
City & State  City & State  City & State  City & State  Applied Fr.  Sp. 1558005  Applied Fr.  Not Applied Fr.  Not Applied Fr.  Street Address of Status Desired  6. Name and Address of Current Registered Agent  Name  CANE, CHARLES  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  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.  Signature  FILE NOW:  FEE IS \$61.25  Signature  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  NAME  YOUNGBLOOD, WARREN  Zigs AND COURTNEY PKWY, D126  MERRITT ISLAND FL 32952  Applied Fr.  Not Applied Fr.  Street Address of Status Desired   \$8.75 Additional   \$8.	2. Principal Place of Business		3. Mailing Address							
Sp-1558005   Nôt Applic	Suite, Apt. #, etc.		Suite, Apt. #, etc.			]	DO NOT WRITE IN THI	IS SPACE		
5. Certricate of Status Desired   Fee Required    6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent    Name	City & State		City & State			4. FEI Number 59-1558005.			plied For t Applicable	]
-KANE, CHARLES - 5340 N. ATLANTIC AVE - GOCOA BEACH FL 32931 - Mcl bourne, FL 32935  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.  SIGNATURE Signature, typed or printed name of registered agent and title if applicated.  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME TOUNGBLOOD, WARREN STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32952  NAME STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32952	Zip	Country	Zip	Country	у	5. Certificate	of Status Desired			
**Street Address (P.O. Box Number is Not Acceptable)  **FLE Zip Code  **Street Address (P.O. Box Number is Not Acceptable)  **Street Address (P.O. Box Number is Not Acceptable)  **FLE Zip Code  **Street Address (P.O. Box Number is Not Acceptable)  **The Address (P.O. Box Number is Not Acceptable)  **The Address (P.O. Box Number is Not Acceptable)  **FLE Zip Code  **The Address (P.O. Box Number is Not Acceptable)  **The Address (P.O. Box Number is		6. Name and Address of Curren	t Registered Agent		Jame	7. Name and	Address of New Registere	d Agent		1
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.  SIGNATURE  SIGNATURE  SIGNATURE  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME STREET ADDRESS CITY-ST-ZIP  PD YOUNGBLOOD, WARREN 2135 N. COURTNEY PKWY., D126 MERRITT ISLAND FL 32952  MERRITT ISLAND FL 32952  NOTE: Registered office or registered agent, or both, in the state of Florida.  (NOTE: Registered Agent signature required when reinstating)  DATE  Make Check Payable to Department of State  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME STREET ADDRESS CITY-ST-ZIP  MERRITT ISLAND FL 32952	5340 N.7	ATLANTIC-AVE 1417 C	ooling Ave			P.O. Box Numbe		Zip Code	9	-
TITLE PD Schange Act ADDRESS CITY-ST-ZIP PC MERRITT ISLAND FL 32952  TITLE PD Schange Act ADDRESS CITY-ST-ZIP PC STREET ADDRESS CITY-ST-ZIP PC ACT ADDRESS C	Signature	FILE NOW:	9. Election Campaiç	gn Financing	\$5.0	<b>)0</b> May Be	Make Chec	k Payable to		
NAME STREET ADDRESS CITY-ST-ZIP  Z13 S N . Courtenan # C225	10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/CH	L ANGES TO OFFICERS AND		10	۱,
TITLE VPD TITLE VPD TITLE VPD	NAME STREET ADDRESS	Youngblood, Warren 2135 N. Courtney Pkwy., D		NAME STREET A	DON	I WILL!	_		Addition	(40,00
NAME STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32952  NAME STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32952  NAME STREET ADDRESS CITY-ST-ZIP Z135 N. Courtenay # B111	STREET ADDRESS	WILLIAMS, DON 2135 N. COURTNEY PKWY., C	Delete 225	NAME STREET A	DDITCOS	•		Change BIII	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32952  TILE NAME STREET ADDRESS CITY-ST-ZIP  Delete TILE NAME STREET ADDRESS CITY-ST-ZIP Z135 N. COURTENAY PKWY., C220 MERRITT ISLAND FL 32952  TILE NAME STREET ADDRESS CITY-ST-ZIP Z135 N. COURTENAY PKWY., C220 MERRITT ISLAND FL 32952	NAME STREET ADDRESS	TIMMINS, CAROLINE 2135 N. COURTENAY PKWY.,		NAME STREET A	DORESS JA	CQUE	INE ALLE	٧	□ Addition	
NAME ROSE, MITZIE STREET ADDRESS 2135 N. COLIDTENAY PRAY C223	name Street address	ROSE, MITZIE 2135 N. COURTENAY PKWY.,		NAME STREET A	DORESS LOI	retia A	nty pit	Change #	BIO9	
NAME STREET ADDRESS CITY-ST-ZIP  REPRITT ISLAND FL 32952  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  Z135 N- CONTRINAL PKMY #D12	NAME STREET ADDRESS	GROWLEY, JAMES T 2135 COURTENAY PKWY., F14 MERRITT ISLAND FL 32952	18	NAME STREET A	DDRESS Wa	wren 1		m #I	□ Addition	
TITLE NAME EIFLER, GWEN STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32952  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 Statutys. I further certify that the informatic	NAME STREET ADDRESS CITY-ST-ZIP	EIFLER, GWEN 2135-N. COURTENAY PKWY, I MERRITT ISLAND FL 32952	Bill Still Sar	NAME STREET A CITY-ST-	DDRESS Ca	roline -	vrtenay PKW	1 # CZ	Addition	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 to the report of the receiver of trustee empowered to the corporation of the receiver or trustee empowered to the corporation of the receiver or trustee empowered to the corporation of the receiver or trustee empowered to the corporation of the