

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90058 004 ****61.25

DOCUMENT # 738604

1. Entity Name
**LA ENSENADA CONDOMINIUM ASSOCIATION OF
COCOA, INC.**



Principal Place of Business

**55 RIVERSIDE DR.
APT. 108
COCOA, FL 32922 US**

Mailing Address

**1980 N ATLANTIC AVE.
701
COCOA BEACH, FL 32922 US**



04102005 No Chg-NP CR2E037,(10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2668671

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, PETEY
1980 N. ATLANTIC AVE
#701
COCOA BCH., FL 32931**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution: ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
URSSING, MELBA
55 RIVERSIDE DR., 204
COCOA, FL 32922**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
KECK, MARTHA
55 RIVERSIDE DR. #101
COCOA, FL 32922**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
YOUNG, ROBERT
55 RIVERSIDE DR, #103
COCOA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #