

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747793

1. Entity Name

CASA CANAVERAL CONDOMINIUM ASSOCIATION, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90005 020 ****61.25

Principal Place of Business

300 MONROE AVE.
CAPE CANAVERAL FL 32920

Mailing Address

~~200 NORTH FIRST STREET~~
~~COCOA BEACH FL 32931-2924~~
~~US~~

2. Principal Place of Business

3. Mailing Address

1980 N Atlantic Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

701

City & State

City & State

Cocoa Beach FL

Zip

Country

Zip

Country

32931

USA

4. FEI Number

59-2561759

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

DAVIS, PETEY

1980 N. ATLANTIC AVENUE, #701

COCOA BCH FL 32931

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BYRNER, PAUL	
STREET ADDRESS	435 BRIGHTWATERS DR	
CITY-ST-ZIP	COCOA BCH. FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOWARD, MIKE	
STREET ADDRESS	300 MONROE AVE., #10	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DAVIS, PETEY	
STREET ADDRESS	1705 SANDY CREEK	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MAURER, BILL	
STREET ADDRESS	300 MONROE AVE, #23	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUNDELL, ROGER	
STREET ADDRESS	300 MONROE AVE., #8	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Pete Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sec. 5/22/00 (321) 784-2091

CR2E037 (9/99)