2003 NOT-FOR-PROFIT CORPORATION

Mailing Address

1980 N. ATLANTIC AVE.

COCOA BEACH FL 32931

Suite, Apt. #, etc.

3. Mailing Address

City & State

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 751256

Principal Place of Business

2. Principal Place of Business

1980 N. ATLANTIC AVE.

COCOA BEACH F 32931

Suite, Apt. #, etc.

City & State

701

US

CANAVERAL SANDS CONDOMINIUM ASSOCIATION, INC.



FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90184 040 ****61.25

CHECK HERE IF MAKING CHANGES

Zip	Country	Zip	Cou	ntry	5. Certificate of Status Desired	□	\$8.75 Additional Fee Required	
6. Nam	e and Address of Curren	Registered Agent -	- 7		~7. Name and Address of New Re-	jistered	Agent	
				Name				
DAVIS, PETEY 1980 N ATLANTIC /	₹VE			Street Address (P.O. Box Number is Not Acceptable)			

STE 701 COCOA BEACH FL 32931

	0,				l
of changing its registere	ed office or registered agent, or both	in the State of Florida	Lam fan	niliar with, and accept	7

4. FEI Number 59-2226215

J. 1	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
ŧ	the obligations of registered agent.	

SIGNATURE		
	Signature, typed or printed nan	me of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Zip Code

Applied For

Not Applicable

9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution

Make Check Payable to

DATE

9	· ·	11436 7 6514 0011	anodion.	Added to rees	riolida Depai	finent of 2	late
10.	OFFICERS AND DIRECTORS		11,	ADDITIONS/CHANGE	S TO OFFICERS AND DI	RECTORS IN	10.70
TITLE	PD	☐ Delete	TITLE	UPD		☐ Change	Addition
NAME	SMALLY, ED	• • • • • • • • • • • • • • • • • • • •	NAME		\ \ \ \		1/
STREET ADDRESS	8500 RIDGEWOOD #506		STREET ADDRESS	Beaumont,	Jerrold		}
CITY-ST-ZIP	CAPE CANAVERAL FL		CITY-ST-ZIP	EUGLI Ridger	Sood Acct	4201	
TITLE	D	Delete	TITLE	Cur Canado	- (a) F1 2.	C Change	☐ Addition
NAME	MUNEY, JOYCE	<i>7</i> \.	NAME		. , , ,		ļ
STREET ADDRESS	8496 RIDGEWOOD AVE #3301		STREET ADDRESS				
CITY-ST-ZIP -=	CAPE CANAVERAL FL:32920		··CITY+ST-ZIP	the same of the same of	a new New gradients	water = ~	
TITLE	D	☐ Delete	TITLE	<h< td=""><td></td><td>☐ Change</td><td>Addition</td></h<>		☐ Change	Addition
NAME	HURLEY, PAUL		NAME	1000 7500			/ `
STREET ADDRESS	8496 RIDGEWOOD AVE #3501		STREET ADDRESS	DECK , CO.	1 Arcal 125	05	J
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		CITY-ST-ZIP	SD Deck, Jean 8404 Ridgingo Cape Car	Marial S	3292	o
TITLE	DV	☐ Delete	TITLE	Lape air	(Change	☐ Addition
NAME	JONES, KIPPY		NAME			1	}
STREET ADDRESS	1672 WATERWICH DR		STREET ADDRESS	Jones, K. pp	Ψ		
CITY-ST-ZIP	ORLANDO FL 32806		CITY-ST-ZIP	, ,	1		
TITLE	D	Delete	TITLE			☐ Change	☐ Addition
NAME	MORRIS, TONY		NAME				}
STREET ADDRESS	8500 RIDGEWOOD AVE #202		STREET ADDRESS				}
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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:

4-16-03

321-784-8781