

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90172 012 ****61.25

DOCUMENT # 752850

1. Entity Name
3365 PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business % CURTIS R MOSLEY 3365 SO. ATLANTIC AVE UNIT 3 COCOA BEACH FL 32931	Mailing Address % CURTIS R MOSLEY 3365 SO. ATLANTIC AVE UNIT 3 COCOA BEACH FL 32931
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2995711		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
MOSELY, CURTIS R. 3365 SOUTH ATLANTIC AVENUE COCOA BEACH FL				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHINNEY, JACK T.			NAME			
STREET ADDRESS	3365 S. ATLANTIC AVE #2			STREET ADDRESS			
CITY-ST-ZIP	COCOA BEACH FL 32931			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDERSON, BETTY			NAME			
STREET ADDRESS	3365 SOUTH ATLANTIC AVENUE #3			STREET ADDRESS			
CITY-ST-ZIP	COCOA BEACH FL 32931			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPURRIER, B ARBARA			NAME			
STREET ADDRESS	3365 SOUTH ATLANTIC AVE #1			STREET ADDRESS			
CITY-ST-ZIP	COCOA BEACH FL 32931			CITY-ST-ZIP			
TITLE	MD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDERSON, CHARLES			NAME			
STREET ADDRESS	3365 SO. ATLANTIC #3			STREET ADDRESS			
CITY-ST-ZIP	COCOA BEACH FL 32931			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: *Betty Anderson* SECRETARY *1/15/02*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)