

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 22, 2004
Secretary of State**

DOCUMENT# 752850

Entity Name: 3365 PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

% CURTIS R MOSLEY
3365 SO. ATLANTIC AVE UNIT 3
COCOA BEACH, FL 32931

New Principal Place of Business:

% FORD F. KIENE
3365 SO. ATLANTIC AVE UNIT 3
COCOA BEACH, FL 32931

Current Mailing Address:

% CURTIS R MOSLEY
3365 SO. ATLANTIC AVE UNIT 3
COCOA BEACH, FL 32931

New Mailing Address:

FORD W. KIENE
PO BOX 620006
ORLANDO, FL 32862

FEI Number: 59-2995711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSELY, CURTIS R.
3365 SOUTH ATLANTIC AVENUE
COCOA BEACH, FL US

Name and Address of New Registered Agent:

KIENE, FORD W MR.
PO BOX 620006
ORLANDO, FL 32862 US

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: FORD W. KIENE

01/22/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDERSON, CHARLES W
Address: 3365 S. ATLANTIC AVE #3
City-St-Zip: COCOA BEACH, FL 32931

Title: STD () Delete
Name: ANDERSON, BETTY
Address: 3365 SOUTH ATLANTIC AVENUE #3
City-St-Zip: COCOA BEACH, FL 32931

Title: VPD (X) Delete
Name: SPURRIER, B ARBARA
Address: 3365 SOUTH ATLANTI AVE #1
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: KIENE, FORD W
Address: PO BOX 620006
City-St-Zip: ORLANDO, FL 32862

Title: MR. (X) Change () Addition
Name: SCHLURAFF, MICHAEL
Address: 3365 SOUTH ATLANTIC AVENUE #3
City-St-Zip: COCOA BEACH, FL 32931

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FORD W. KIENE

MR.

01/22/2004

Electronic Signature of Signing Officer or Director

Date