


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90315 043 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-2995711** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PHINNEY, JACK T.	
STREET ADDRESS	3365 S. ATLANTIC AVE #2	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ANDERSON, BETTY	
STREET ADDRESS	3365 SOUTH ATLANTIC AVENUE #3	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SPURRIER, B ARBARA	
STREET ADDRESS	3365 SOUTH ATLANTIC AVE #1	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, CHARLES	
STREET ADDRESS	3365 SO. ATLANTIC #3	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles w. Anderson	
STREET ADDRESS	3365 So. Atlantic Ave #3	
CITY-ST-ZIP	Cocoa Beach, FL 32931	
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 empowerment.

SIGNATURE: *Betty Anderson, Sec. Treas.*
1-23-03 321-783-5479

CR2E037 (10/02)