

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753234

1. Entity Name

JOHNSON ARMS CONDOMINIUM ASSOCIATION, INC.

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

05-08-2000 90030 036 ****61.25

Principal Place of Business

Mailing Address

420 & 424 JOHNSON AVE.
 CAPE CANAVERAL FL 32920

C/O J.H. SAPP
 833 NICOLET AVE., STE. A
 WINTER PARK FL 32789-4647



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2027894

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SAPP, JAMES H
 833 NICOLET AVE
 STE A2
 WINTER PARK FL 32789

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
 NAME KERCHER, EDWARD J
 STREET ADDRESS 305 MERIDAN DRIVE
 CITY-ST-ZIP COCOA BEACH FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
 NAME KEARNS, THOMAS
 STREET ADDRESS 200 S. BANANA RIVER RD., STE. 801
 CITY-ST-ZIP COCOA BEACH FL 32931

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
 NAME SAPP, JAMES H
 STREET ADDRESS 362 LAKEVIEW STREET
 CITY-ST-ZIP ORLANDO FL 32804

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

407-740-7277

CR2E037 (9/99)