

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90197 042 ****61.25

DOCUMENT # 753234

1. Entity Name

JOHNSON ARMS CONDOMINIUM ASSOCIATION, INC.

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2027894

Applied For

Not Applicable

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

TITLE **TD** ☒ Change ☒ Addition
 NAME **DOROTHY KERCHER**
 STREET ADDRESS **420 JOHNSON AVE, NO 2**
 CITY-ST-ZIP **CAPE CANAVERAL, FL 32920**

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

TITLE **SD** ☐ Change ☒ Addition
 NAME **GWENDOLYN EIFLER**
 STREET ADDRESS **2135 N. COURTNEY PKWY, B111**
 CITY-ST-ZIP **MERRITT ISLAND, FL 32953**

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

TITLE **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02
 Date

407-740-7297
 Daytime Phone #

CR2E037 (9/01)