

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 756257

1. Entity Name
800 NORTH FISKE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
800 NORTH FISKE CONDOMINIUM ASSN INC
800 N FISKE BLVD
COCOA, FL 32922

Mailing Address
800 NORTH FISKE CONDOMINIUM ASSN INC
800 N FISKE BLVD
COCOA, FL 32922



08162005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2075902

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIES, DANIEL R.
800 N FISKE BLVD.
COCOA, FL 32922

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOUSTON, LANG
STREET ADDRESS	1415 N. INDIAN RIVER DR
CITY-ST-ZIP	COCOA, FL 32922
TITLE	D
NAME	MORRIS ERNEST
STREET ADDRESS	41 LITTLE JOHN LN
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	D
NAME	NEWBERN, TOM
STREET ADDRESS	1800 S HUNTINGTON LANE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	D
NAME	HUMBURG, JACK D
STREET ADDRESS	445 31ST ST. NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712
TITLE	STD
NAME	DAVIS, JANSON
STREET ADDRESS	150 FORTENBERRY RD VL A
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	VD
NAME	DAVIES, DAN
STREET ADDRESS	1300 ST. ANDREWS DR
CITY-ST-ZIP	ROCKLEDGE, FL 32955

1100000376688
08/19/05-80001-023 61.25

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IN THIS SPACE**

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

Daniel R. Davies

Aug. 16, 2005 321-632-4542

Date

Daytime Phone #