

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 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 #501 COCOA FL 32922
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)	
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	
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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	DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOUSTON, LANG 1415 N. INDIAN RIVER DR COCOA FL 32922 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLOUTH, MALCOLM 5300 OCEAN BEACH BLVD., #406 COCOA BEACH FL 32931 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWBERN, TOM 1800 S HUNTINGTON LANE ROCKLEDGE FL 32955 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMBURG, JACK D 445 31ST ST. NORTH SAINT PETERSBURG FL 33712 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAVIS, JANSON 150 FORTENBERRY RD VL A MERRITT ISLAND FL 32952 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIES, DAN 1300 ST. ANDREWS DR ROCKLEDGE FL 32955 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition UN00000386176 04/18/08-80044-023 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information submitted with this filing does not qualify for the exemptions contained in Section 119, 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 or without other like empowered.	
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SIGNATURE: *[Signature]* **Vice President** **4/4/2008**