2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# 756257

Entity Name: 800 NORTH FISKE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

800 NORTH FISKE CONDOMINIUM ASSN INC
#501
COCOA, FL 32922

New Mailing Address:

FEI Number: 59-2075902 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	HOUSTON, LANG	
Address:	1415 N. INDIAN RIVER DR	
City-St-Zip:	COCOA, FL 32922	
Title:	D	( ) Delete
Name:	MCLOUTH, MALCOLM	
Address:	5300 OCEAN BEACH BLVD., #406	
City-St-Zip:	COCOA BEACH, FL 32931	
Title:	D	( ) Delete
Name:	NEWBERN, TOM	
Address:	1800 S HUNTINGTON LANE	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	D	( ) Delete
Name:	HUMBURG, JACK D	
Address:	445 31ST ST. NORTH	
City-St-Zip:	SAINT PETERSBURG, FL 33712	
Title:	STD	( ) Delete
Name:	DAVIS, JANSON	
Address:	150 FORTENBERRY RD VL A	
City-St-Zip:	MERRITT ISLAND, FL 32952	
Title:	VD	( ) Delete
Name:	DAVIES, DAN	
Address:	1300 ST. ANDREWS DR	
City-St-Zip:	ROCKLEDGE, FL 32955	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LANG HOUSTON PD 04/16/2009

Electronic Signature of Signing Officer or Director — Date