

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758660

Entity Name

CASA SERENA CONDOMINIUM ASSOCIATION OF BREVARD,

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90008 029 ****70.00

Principal Place of Business

CANAVERAL COURT
CANAVERAL FL 32920

Mailing Address

5803 N BANANA RIVER BLVD #1022
CAPE CANAVERAL FL 32920-3988

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2454487

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

W. O'NEIL, WAYNE
N. ATLANTIC AVENUE
CAPE CANAVERAL FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

OFFICERS AND DIRECTORS

ST-ZIP

ST-ZIP

ST-ZIP

ST-ZIP

ST-ZIP

ST-ZIP

PVD
BLIZZARD, JAMES L.
366 CORAL DR
CAPE CANAVERAL FL

☐ Delete

TSD
CAIN, PATRICIA
5803 N BANANA RIVER BLVD
CAPE CANAVERAL FL

☐ Delete

D
COUTTS, AL
570 HARROP DRIVE
MILTON, ONTARIO

☐ Delete

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11.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change

☐ Addition

☐ Change

☐ Addition

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☐ Addition

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

4/11/00 (321) 784-9217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CF2E037 (9/99)