

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90037 034 *****70.00

DOCUMENT # 758660

1. Entity Name

CASA SERENA CONDOMINIUM ASSOCIATION OF BREVARD, INC.

Principal Place of Business

Mailing Address

**8535 CANAVERAL COURT
CAPE CANAVERAL FL 32920
US**

**5803 N BANANA RIVER BLVD #1032
CAPE CANAVERAL FL 32920**

2. Principal Place of Business

3. Mailing Address

8535 Canaveral Blvd.

200 W. Central Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cape Canaveral, Fl.

Cape Canaveral, Fl

Zip

Country

Zip

Country

32920

Brevard

32920

Brevard

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

7. Name and Address of New Registered Agent

**RUTHERFORD, WAYNE
8401 N. ATLANTIC AVENUE
CAPE CANAVERAL FL**

Name

Ahmad Nasajpour

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

1140 Horizon Court

City

Merritt Island

FL

Zip Code
32952

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

Ahmad Nasajpour, Treasurer

3-18-2002

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 NAME STREET ADDRESS CITY-ST-ZIP	PVD BLIZZARD, JAMES L. 366 CORAL DR CAPE CANAVERAL FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD CAIN, PATRICIA 5803 N. BANANA RIVER BLVD CAPE CANAVERAL FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUTTS, AL 570 HARROP DRIVE MILTON, ONTARIO	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD Rockey, Karen S. 8529 Canaveral Blvd. Cape Canaveral, Fl. 32920	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD Nasajpour, Ahmad 1140 Horizon Court Merritt Island, Fl. 32952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Froughi, Shahla 1140 Horizon Court Merritt Island, Fl. 32952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Ahmad Nasajpour

Ahmad Nasajpour, treasurer 3-18-2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)