2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 28, 2004 08:00 AM **DOCUMENT # 758660 Secretary of State** 1. Entity Name CASA SERENA CONDOMINIUM ASSOCIATION OF BREVARD, INC. Principal Place of Business Mailing Address 8535 CANAVERAL COURT 200 W CENTRAL BLVD CAPE CANAVERAL FL 32920 US CAPE CANAVERAL FL 32920 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-2454487 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NASAJPOUR, AHMAD Street Address (P.O. Box Number is Not Acceptable) 1140 HORIZÓN COURT MERRITT ISLAND FL 32952 Zip Code City 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 Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition TITLE TITLE ☐ Delete ROCKEY, KAREN S NAME NAME U00000016979 8529 CANAVERAL BLVD STREET ADDRESS STREET ADDRESS 01/28/04-80074-025 61.25 CAPE CANAVERAL FL 32920 CITY-ST-ZIP CITY-ST-ZIP TSD ☐ Change ☐ Addition ☐ Delete TITLE TITLE NASAJPOUR, AHMAN NAME NAME 1140 HORIZON COURT STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 32952 CITY-ST-ZIP DITY-ST-ZIP Addition ☐ Delete TITLE TITLE FROUGHI, SHAHLA NAME NAME 1140 HORIZON COURT STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 32952 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with the filling 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 supplier that I am an officer or director of the corporation or the receiver this test incomed 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 as the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver this test of the information indicated on this report or supplier that I am an officer or director of the corporation or the receiver this test of the information indicated on this report or supplier that I am an officer or director of the corporation or the receiver this test of the information indicated on this report or supplier that I am an officer or director of the corporation or the receiver this test of the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver this indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an officer or director of the section 119.07(3)(ii), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver that I am an officer or director of the section 119.07(3)(ii), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver that I am an officer or director of the section 119.07(3)(ii), Florida Statutes. I further certify that I am an officer or director of the corporation of the section 119.07(3)(iii) and indicated in the section 119.07(3)

SIGNATURE:

Ahmad Nasajpour

Pres.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-2004

Date

321-784-1450

Daytime Phone #

FILED