

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762394

FILED
Apr 28, 2009
Secretary of State

Entity Name: 333 BY THE SEA CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

333 N. ATLANTIC AVE., #110
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

333 N. ATLANTIC AVE., #110
COCOA BEACH, FL 32931

New Mailing Address:

FEI Number: 59-2670296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPACE COAST PROPERTY MGMT
645 CLASSIC CT SUITE #104
MELBOURNE, FL 32940 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: P () Delete
Name: MURPHY, CHRISTINE
Address: 333 N. ATLANTIC AVE. #304
City-St-Zip: COCOA BCH, FL 32931

Title: SD () Delete
Name: AMBROSIO, ANNE
Address: 333 N ATLANTIC AVE., #210
City-St-Zip: COCOA BEACH, FL 32931

Title: T () Delete
Name: CAPPOLA, BENJAMIN
Address: 333 N ATLANTIC AVE #312
City-St-Zip: COCOA BEACH, FL 32931

Title: BM () Delete
Name: MIRAND, EDWIN
Address: 333 N. ATLANTIC AVE. #310
City-St-Zip: COCOA BEACH, FL 32931

Title: VP () Delete
Name: KLEIN, FRANK
Address: 333 N ATLANTIC AVE #311
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: AMBROSIO, ANNE
Address: 333 N ATLANTIC AVE., #210
City-St-Zip: COCOA BEACH, FL 32931

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

Title: D (X) Change () Addition
Name: MIRAND, EDWIN
Address: 333 N. ATLANTIC AVE. #310
City-St-Zip: COCOA BEACH, FL 32931

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: CHRISTINE MURPHY

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date