2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **762434** Mar 31, 2000 8:00 am 1. Entity Name **Secretary of State** 2100 WEST CONDOMINIUM ASSOCIATION, INC. 03-31-2000 90041 039 ****61.25 Principal Place of Business Mailing Address 2090 N. ATLANTIC AVE. 2090 N. ATLANTIC AVE. COCOA BEACH FL 32931-5010 COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-3218811 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) B P DAVIS PROPERTY MGMT, INC 1980 N ATLANTIC AVE #701 **COCOA BCH 32931** City Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD**VD** TITLE TITLE ☐ Delete 2090 N. ATLANTIC AVE, #PH-2 NAME NAME FITZER, HERB STREET ADDRESS STREET ADORESS 2090 N ATLANTIC AVE #405 CITY-ST-ZIP CITY-ST-ZIP OCOA BEACH, FL 32931 COCOA BEACH FL Change ☐ Addition ☐ Delete TITLE SD TITLE NAME 0150N NAME OLSON, AL POBOX320794 COLOA BEACH, STREET ADDRESS STREET ADDRESS P.O. BOX 320794 N/A CITY-ST-7IP CITY-ST-ZIP COCOA BEACH FL Change Change Addition Delete TITLE PD TITLE ROY TIEMAN AND AVE, # 403 NAME HERMAN, NATE NAME STREET ADDRESS STREET ADDRESS 2090 N. ATLANTIC AV #306 COCOA BEACH, FL 32931 CITY-ST-ZIP CITY-ST-ZIP COCOA BCH FL 32931 Change Addition ☐ Delete TITLE GEORGE VASILOUL 2090 N. ATLANTIC AUE, #305 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE . Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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

nth all other

changed, or on an attachment with

EDCHAS, R. KUNN 3/24/00
RDIRECTOR