


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90375 028 ****61.25

DOCUMENT # 766280 1. Entity Name CONSTELLATION CONDOMINIUM ASSOCIATION OF BREVARD, INC.					
Principal Place of Business 3221 SOUTH ATLANTIC AVENUE COCOA BEACH, FL 32931				Mailing Address 3221 SOUTH ATLANTIC AVENUE COCOA BEACH, FL 32931	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2522657	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEONARD, L. GEORGE CPA 1485 N ATLANTIC AVE #102 COCOA BEACH, FL 32931				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEWERS, HANK			NAME	
STREET ADDRESS	3219 S ATLANTIC AVENUE, #802			STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH, FL 32931			CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEUTON, JOHN			NAME	
STREET ADDRESS	3221 S ATLANTIC AVE			STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH, FL 32931			CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNAGAN, FRANK			NAME	
STREET ADDRESS	3231 S ATLANTIC AVE #603			STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH, FL 32931			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTIS, GLORIA			NAME	
STREET ADDRESS	3221 S ATLANTIC AVE			STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH, FL 32931			CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, TIM			NAME	
STREET ADDRESS	3221 S ATLANTIC AVE			STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH, FL 32931			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, VIVIAN			NAME	
STREET ADDRESS	3221 S ATLANTIC AVE			STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH, FL 32931			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date _____ Daytime Phone # _____	

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