

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2001 08:00 AM
Secretary of State

DOCUMENT # N00000001459

1. Entity Name
 ASSOCIATION OF COASTAL PROPERTY OWNERS, INC.

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|---|---|
| Principal Place of Business 228 PARK AVE. N., STE. B WINTER PARK FL 32789 | Mailing Address 228 PARK AVE. N., STE. B WINTER PARK FL 32789 |
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|--|---|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address PO BOX 7214 Suite, Apt. #, etc. City & State Zip |
|--|---|

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 WALTERS LAWRENCE G
 228 PARK AVE. N., STE. B
 WINTER PARK FL 32789

7. Name and Address of New Registered Agent
 Name: DAVID WASSERMAN
 Street Address (P.O. Box Number is Not Acceptable): 228 PARK AVE. N., STE. B
 City: WINTER PARK FL Zip Code: 32789

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 DAVID WASSERMAN DATE 09/10/2001
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 | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIR JOHN VAGOVIC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 228 PARK AVE, N STE B WINTER PARK FL 32789 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIR BUD MCGRANE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 228 PARK AVE, N STE B WINTER PARK FL 32789 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIR THAO MCGRANE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 228 PARK AVE, N STE B WINTER PARK FL 32789 |
| 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 |
| 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)(f), 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: THAO MCGRANE DIR 09/10/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)