


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90052 014 \*\*\*\*61.25

DOCUMENT # N00000001815			
1. Entity Name G.P.O. CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1617 COOLING AVENUE MELBOURNE, FL 32935		Mailing Address 1617 COOLING AVENUE MELBOURNE, FL 32935	
2. Principal Place of Business 1941 Hwy A1A Suite, Apt. #, etc.		3. Mailing Address 1941 Hwy A1A Suite, Apt. #, etc.	
City & State Indian Harbour Beach, FL		City & State Indian Harbour Beach, FL	
Zip 32937	Country USA	Zip 32937	Country USA
6. Name and Address of Current Registered Agent HALL, LARRY 1617 COOLING AVENUE MELBOURNE, FL 32935		7. Name and Address of New Registered Agent Name: John Abernathy Street Address (P.O. Box Number is Not Acceptable): 1941 Hwy A1A # 302 City: Indian Harbour Beach FL Zip Code: 32937	
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: John B. Abernathy John B. Abernathy, Pres, BOA DATE: 1/21/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME BORSELLA, ALBERT STREET ADDRESS 1941 HWY A1A #402 CITY-ST-ZIP IHB, FL 32937	<input checked="" type="checkbox"/> Delete	TITLE PD NAME JOHN ABERNATHY STREET ADDRESS 1941 HWY A1A, #302 CITY-ST-ZIP SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME ABERMATHY, JOHN STREET ADDRESS 1941 HWY A1A #302 CITY-ST-ZIP SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Delete	TITLE VPD NAME THOMAS MCKNIGHT STREET ADDRESS 1941 HWY A1A # 404 CITY-ST-ZIP SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME DRISCOLL, DANIEL STREET ADDRESS 1941 HWY A1A, #405 CITY-ST-ZIP IHB, FL 32937	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME MCKNIGHT, THOMAS STREET ADDRESS 1941 HWY A1A #404 CITY-ST-ZIP IHB, FL 32937	<input checked="" type="checkbox"/> Delete	TITLE SD NAME JIM PHILLIPS STREET ADDRESS 1941 HWY A1A # 208 CITY-ST-ZIP SATELLITE BEACH, FL. 32937	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME COLSON, STANLEY STREET ADDRESS 1941 HWY A1A, #202 CITY-ST-ZIP IHB, FL 32935	<input type="checkbox"/> Delete	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"/> Delete	TITLE MAL NAME WM PAPPENHAUSEN STREET ADDRESS 1941 HWY A1A # 205 CITY-ST-ZIP SATELLITE BEACH, FL 32937	<input type="checkbox"/> Change <input checked="" 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)(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 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: John B. Abernathy		Date: 1/21/04 Daytime Phone #: (321) 777-8560	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



01202004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3632947 Applied For Not Applicable

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