


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90503 035 ****61.25

DOCUMENT # *N00000001815*

1. Entity Name
G.P.O. Condominium Assoc., Inc.



DO NOT WRITE IN THIS SPACE

70045116

2. Principal Place of Business
1617 Cooling Ave.

3. Mailing Address
1617 Cooling Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MELBOURNE FL

City & State
MELBOURNE, FL

4. FEI Number
59-3632947

Applied For
Not Applicable

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

Zip
32935

Country
USA

Zip
32935

Country
USA

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
LARRY HALL / SCPM

Street Address (P.O. Box Number is Not Acceptable)
1617 COOLING AVE

City
MELBOURNE

FL

Zip Code
32935

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 *[Signature]* *Hall* (*Larry Hall*) *4/9/03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

/ DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>STD DRISCOLL, Daniel 1941 Hwy A1A #405 IAB, FL 32937</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>RD MCKNIGHT, Thomas 1941 Hwy A1A #404 IAB, FL 32937</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VPD Abernathy, John 1941 Hwy A1A #302 IAB, FL 32937</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PD Borsella, Albert 1941 Hwy A1A #402 IAB, FL 32937</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/02)

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 on an attachment with an address, with another like empowered.

SIGNATURE *[Signature]* *April 13, 2003*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #