

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-02-2002 90135 012 ****61.25

DOCUMENT # N01000005262

1. Entity Name

COCOA VILLAGE TOURISM ASSOCIATION INC.

Principal Place of Business

Mailing Address

206 BREVARD AVE
 COCOA FL 32922

206 BREVARD AVE
 COCOA FL 32922

2. Principal Place of Business

3. Mailing Address

15 OLEANDER ST
 Suite, Apt. #, etc.

15 OLEANDER ST
 Suite, Apt. #, etc.

City & State

City & State

COCOA FL

COCOA FL

Zip

Country

Zip

Country

32922

Brevard

32922

Brevard

4. FEI Number

59-3721407

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANAN, DESIREE
206 BREVARD AVE
COCOA FL 32922

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.

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	HANAN, DESIREE	206 BREVARD AVE	COCOA FL 32922	<input type="checkbox"/>
D	DAUPHINAIS, PEGGY	319 BREVARD AVE	COCOA FL 32922	<input type="checkbox"/>
D	FRANCE, JEAN	15 OLEANDER ST	COCOA FL 32922	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Desiree Hanan
DESIREE HANAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-19-02 321
 689-4694
 Date Daytime Phone #

90318



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)