2002 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # NO1466 1. Entity Name 05-09-2002 90043 022 ****61.25 COCOA BAY PROPERTY OWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 1609 COCOA BAY BLVD. 1617 COOLING AVE COCOA FL 32926 MELBOURNE FL 32935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3272519 Zip Country Not Applicable Zip Country 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 Name KANE, CHARLIE Street Address (P.O. Box Number is Not Acceptable) SPACE COAST PROPERTY MANAG. 1617 COOLING AVE MELBOURNE FL 32935 City 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 life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE GLENN, ANNA NAME Liovel Savalier 1622 Cocof Bay Bird Change □ Addition (9/01) NAME 1621 COCOA BAY BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA FL 32926 CITY-ST-7IP Cocoa, FL 32926 TITLE Delete SHANK, JIM TITLE NAME CONRAD Soule Change ☐ Addition NAME 1817 COCOA BAY BLVD. STREET ADDRESS STREET ADORESS 1620 Ridge DRIVE CITY-ST-ZIP COCOA FL 32926 CITY-ST-2IP Delete WORKMAN, DAVID TITLE NAME Change ☐ Addition DVANNE-RUSSYN NAME 1626 COCOA BAY BLVD. STREET ADDRESS 16/1 Cocoa Bay Blvd STREET ADDRESS CITY-ST-ZIP COCOA FL 32928 CITY-ST-ZIP COCOA, FL 32936 DST TITLE Delete TITLE WINCHESTER, TIMA NAME ☐ Change ☐ Addition NAME 1614 RIDGE DR STREET ADDRESS STREET ADDRESS City-st-zip COCOA FL 32926 CITY-ST-ZIP TITLE Delete TITLE NAME ☐ Change □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deleta TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP

I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED Lovely Savalen SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR