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2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jan 15, 2003 8:00 am Secretary of State **DOCUMENT # N01466** 1. Entity Name 01-15-2003 90305 038 ****61.25 COCOA BAY PROPERTY OWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 1609-COCOA BAY BLVD. 1617-000LING AVE COCOA-FL-32926 MELBOURNE FL-32935 418-2. Principal Place of Business Mailing Address 190 sok Suite, Apt.# etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-3272519 Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 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 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, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition SAVALIER, LIONEL NAME Lionel Savalier NAME 1622 COCOA BAY BLVD. STREET ADDRESS STREET ADDRESS 1641 Ridge Dr. CITY-ST-ZIP COCOA FL 32926 CITY-ST-ZIP DVP ☐ Delete TITLE Change ☐ Addition SOULE, CONRAD NAME NAME 1620 RIDGE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IF **COCOA FL 32926** CITY-ST-ZIP TITLE Delete ☐ Change Addition RUSSYN: DYANNE NAME NAME Herbert 1611 COCOA BAY BLVD STREET ADDRESS 1612 Cocoa Bay Blvd. STREET ADDRESS CITY-ST-7IP COCOA FL 32926 CITY-ST-ZIP Delete TITLE Change Addition WINCHESTER, TINA. NAME 1614 RIDGE DR STREET ADDRESS STREET ADDRESS COCOA FL 32926 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 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: