

2004 NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT

FILED
Jun 08, 2004 8:00 am
Secretary of State

04-30-2004 90257 013 ****61.25

DOCUMENT # N03000002503 1. Entity Name ARTESIA TOWNHOMES CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1600 NORTH ATLANTIC AVENUE SUITE 201 COCOA BEACH, FL 32931		Mailing Address 1600 NORTH ATLANTIC AVENUE SUITE 201 COCOA BEACH, FL 32931	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1980 N Atlantic Ave A 701	
City & State		City & State Cocoa Beach FL	
Zip Country		Zip Country 32931 USA	
4. FEI Number 43-2008745		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOSLEY, CURTIS R ESQ 1221 EAST NEW HAVEN AVENUE MELBOURNE, FL 32901		7. Name and Address of New Registered Agent Name Peter Davis Street Address (P.O. Box Numbers Not Acceptable) 1705 Sandy Ct Cocoa Beach City FL Zip Code 32931	
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 Peter Davis <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4/21/04 <small>(NOTE: Registered Agent signature required when reappointing)</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	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP GRANDLICH, JOHN <input checked="" type="checkbox"/> Delete 1600 NORTH ATLANTIC AVENUE SUITE 201 COCOA BEACH, FL 32931		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BENNETT, BRENDA <input checked="" type="checkbox"/> Delete 1600 NORTH ATLANTIC AVENUE SUITE 201 COCOA BEACH, FL 32931		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WASDIN, MILLIE <input checked="" type="checkbox"/> Delete 1600 NORTH ATLANTIC AVENUE SUITE 201 COCOA BEACH, FL 32931		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Champ, Harry PO Box 652 Cape Canaveral FL 32920		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Champ, Dolly PO Box 652 Cape Canaveral FL 32920		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Nelson, Blain 3655 Belle Harbor Circle Fort Pierce FL 34980		
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"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: [Signature] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4/21/04 DAYTIME PHONE # 321-784-2091	