

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90182 001 ****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 1980 N. ATLANTIC AVE #701 COCOA BEACH, FL 32931



04172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-2008745	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DAVIS, PETER
1705 SANDY CT
COCOA BEACH, FL 32931

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHAMP, HARRY PO BOX 656 CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHAMP, DOLLY PO BOX 656 CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NELSON, BLAIN 3655 BELLE ARBOR CIRCLE TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Peter Davis Peter Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05 321-784-2091
Date Daytime Phone #