

2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90271 007 \*\*\*\*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



2. Principal Place of Business  
*1980 N Atlantic Ave*  
Suite, Apt. #, etc.  
*701*

3. Mailing Address

03142006 Chg-NP CR2E037 (11/05)

City & State  
*Cocoa Beach FL*

City & State

4. FEI Number  
43-2008745

Applied For  
Not Applicable

Zip  
*32931* Country  
*Breund*

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, ~~PETER~~ *Petey*  
1705 SANDY CT  
COCOA BEACH, FL 32931

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$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  
DP  
CHAMP, HARRY  
PO BOX 656  
CAPE CANAVERAL, FL 32920 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
CHAMP, DOLLY  
PO BOX 656  
CAPE CANAVERAL, FL 32920 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
NELSON, BLAIN  
3655 BELLE ARBOR CIRCLE  
TITUSVILLE, FL 32780 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
Smith, Dwight  
4643 Ashling Dr  
Lake Land FL 33803 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
Stuard, Charlie  
PO Box 54755  
Merritt Island FL 32954 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
Nelson, Blain  
3655 Belle Arbor Circle  
Titusville FL 32780 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/20/06*  
Date

*(321) 784-2091*  
Daytime Phone #