


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90075 042 ****61.25

DOCUMENT # N03000002503					
1. Entity Name ARTESIA TOWNHOMES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1980 N. ATLANTIC AVE. #701 COCOA BEACH, FL 32931			Mailing Address 1980 N. ATLANTIC AVE #701 COCOA BEACH, FL 32931		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 1042			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Cape Canaveral			
Zip	Country	Zip FL	Country	03292007 Chg-NP CR2E037 (12/06)	
4. FEI Number 43-2008745				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, PETEY 1705 SANDY CT COCOA BEACH, FL 32931			7. Name and Address of New Registered Agent Name: <u>Flagship Association mgmt. Inc.</u> Street Address (P.O. Box Number is Not Acceptable): <u>1221 Woodmere Dr.</u> City: <u>Jacksonville</u> <u>FL</u> Zip Code: <u>32210</u>		
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: <u>Paul M. Bunkley</u> DATE: <u>3/20/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, DWIGHT 4643 ASHLING DR LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Charles Friedman PO Box 7048 Seminole, FL 33775
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STUARD, CHARLIE P.O. BOX 541755 MERRITT ISLAND, FL 32954	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Steven Ingles 408 Buchanan Ave Cocoa Beach, FL 32931
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NELSON, BLAIN 3655 BELLE ARBOR CIRCLE TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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 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: <u>Charles Friedman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

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**

ATTACHMENT

40046333

2. Principal Place of Business
**1600 North Atlantic Ave
Suite, Apt. #, etc.
701**

3. Mailing Address
Suite, Apt. #, etc.

03142006 Chg-NP CR2E037 (11/05)

City & State
**Cocoa Beach FL
Zip
32931**

City & State

4. FEI Number
43-2008745

Applied For
Not Applicable

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 restate)

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

(221) 784-2091

Daytime Phone #