

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03886

FILED
Aug 29, 2008
Secretary of State

Entity Name: COLLEGE CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1600 UNIVERSITY LANE
COCOA, FL 32922 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 236933
COCOA, FL 32923 US

New Mailing Address:

FEI Number: 59-2465778 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PALARDY, HOWARD F
COASTAL ASSN MGT, INC
3612 CROSSBOW DR
COCOA, FL 32926 US

Name and Address of New Registered Agent:

PALARDY, PATRICIA A
COASTAL ASSN MGT, INC
3612 CROSSBOW DR
COCOA, FL 32926 US

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.

SIGNATURE: PATRICIA A. PALARDY

08/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BENNETT, CAROL
Address: 420 MO
City-St-Zip: MERRITT ISLAND, FL 32953

Title: P () Delete
Name: KOMENKO, DIANA
Address: 1712 UNIVERSITY LN #302
City-St-Zip: COCOA, FL 32922

Title: D () Delete
Name: MARTIN, MEGHAN
Address: 1702 UNIVERSITY LANE #805
City-St-Zip: COCOA, FL 32922

Title: VP () Delete
Name: ROERTY, ED
Address: 1604 UNIVERSITY LANE #1101
City-St-Zip: COCOA, FL 32922

Title: S () Delete
Name: ROERTY, KATHY
Address: 1604 UNIVERSITY LANE #1104
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: BENNETT, CAROL
Address: 8934 PUERTO DEL RIO DR, STE 302
City-St-Zip: CAPE CANAVERAL, FL 32921

Title: P (X) Change () Addition
Name: KOMENKO, DIANE
Address: 1712 UNIVERSITY LN #302
City-St-Zip: COCOA, FL 32922

Title: D (X) Change () Addition
Name: BONITA, HOLLARD
Address: 1714 UNIVERSITY LANE #201
City-St-Zip: COCOA, FL 32922

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE KOMENKO

P

08/29/2008

Electronic Signature of Signing Officer or Director

Date