2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05081

FILED Apr 21, 2008 Secretary of State

Entity Name: 3047 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3047 FINSTERWALD DR
TITUSVILLE, FL 32780

3055 FINSTERWALD DRIVE
TITUSVILLE, FL 32780

TITUSVILLE, FL 32780

Current Mailing Address: New Mailing Address:

7010 N. US HWY 1, APT#206 COCOA, FL 32927

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROGERS, RALPH L CROW, DAVID A
3055 FINSTERWALD DRIVE 7010 N. US HWY 1, APT#206
TITUSVILLE, FL 32780 US TITUSVILLE, FL 32927 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: DAVID A. CROW 04/21/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 ROGERS, RALPH L
 Name:
 CROW, DAVID A

 Address:
 3055 FINSTERWALD DRIVE
 Address:
 7010 N. US HWY 1, APT#206

City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: COCOA, FL 32927

Title: VD () Delete Title: VD (X) Change () Addition Name: ATTACK, HARRY Name: ROGERS, RALPH L

Address: 3047 FINSTERWALD DRIVE Address: 3055 FINSTERWALD DRIVE City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: TITUSVILLE, FL 32780

 $\label{eq:title:std} \textit{Title:} \qquad \textit{STD} \qquad \textit{()} \; \textit{Delete} \qquad \qquad \textit{Title:} \qquad \textit{ST} \qquad \textit{(X)} \; \textit{Change ()} \; \textit{Addition}$

 Name:
 CROW, DAVID A
 Name:
 CROW, DAVID A

 Address:
 7010 N US HWY 1 APT 206
 Address:
 7010 N US HWY 1 APT 206

 City-St-Zip:
 COCOA, FL 32927
 City-St-Zip:
 COCOA, FL 32927

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: DAVID A. CROW PD 04/21/2008