
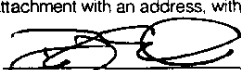


FILED
Apr 13, 2007 8:00 am
Secretary of State

60036284

DOCUMENT # N06000006615						04-13-2007 90187 017 ****61.25	
1. Entity Name COLLABORATIVE ASSOCIATION OF BREVARD, INC.							
Principal Place of Business 2955 PINEDA CAUSEWAY #209 MELBOURNE, FL 32940			Mailing Address 2955 PINEDA CAUSEWAY #209 MELBOURNE, FL 32940			60036284	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04102007 Chg-NP CR2E037 (12/06)	
City & State			City & State			4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SEGAL, ROBERT A 2955 PINEDA CAUSEWAY #209 MELBOURNE, FL 32940				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing <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	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILSON, JOEL B			NAME			
STREET ADDRESS	1402 HIGHWAY A1A #A			STREET ADDRESS			
CITY-ST-ZIP	SATELLITE BEACH, FL 32937			CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEGAL, ROBERT A			NAME			
STREET ADDRESS	2955 PINEDA CAUSEWAY #209			STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32940			CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRISHER, ALAN R			NAME			
STREET ADDRESS	1900 W. NEW HAVEN AVENUE #205			STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32904			CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHRADER, JUDY			NAME			
STREET ADDRESS	1800 PENN STREET #12			STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32901			CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEIN, WAYNE			NAME			
STREET ADDRESS	345 SIXTH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	INDIALANTIC, FL 32903			CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOWERY, VALERIE			NAME			
STREET ADDRESS	516 NORTH HARBOR CITY BLVD.			STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32935			CITY-ST-ZIP			
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:  ROBERT A. SEGAL				4/10/07 321-757-6906			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			