

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08815

1. Entity Name

KENNEDY POINT CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90011 015 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 167
4747 SOUTH WASHINGTON
TITUSVILLE FL 32780

P.O. BOX 167
4747 SOUTH WASHINGTON
TITUSVILLE FL 32780-7324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2546397

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALDERWOOD, JOE P.
918 S. WASHINGTON AVE.
TITUSVILLE FL 32780

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	VAN, HOUTEN	
STREET ADDRESS	4747 S. WASHINGTON AVE., #110	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	OSCHMANN, JEAN	
STREET ADDRESS	4747 S. WASHINGTON AVE., #161	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROZZA, JULIANA	
STREET ADDRESS	4747 S. WASHINGTON AVE., #130	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	DP-VP	<input type="checkbox"/> Delete
NAME	YOUNG, WILLIAM	
STREET ADDRESS	4747 S. WASHINGTON AVE., #121	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	DS-D	<input type="checkbox"/> Delete
NAME	SCHINDLER, RICH	
STREET ADDRESS	4747 S. WASHINGTON AVE., #151	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TORRI WILKINSON	
STREET ADDRESS	4747 S. WASHINGTON AVE #111	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE	PR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSCHMANN, HERB	
STREET ADDRESS	4747 S. WASHINGTON AVE #161	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ellen Walter	
STREET ADDRESS	4747 S. WASHINGTON AVE #115	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-00 321-268-1109

CR2E037 (9/99)