

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90261 007 ****61.25

DOCUMENT # N15009

1. Entity Name
**THE NIMITZ & BYRD COURTS HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**1376 NIMITZ COURT
P.O. BOX 560781
ROCKLEDGE, FL 32956-0781 US**

Mailing Address
**PO BOX 560781
ROCKLEDGE, FL 32956-0781 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04172004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2986655

Applied For
Not Applicable

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

**GOLDMAN, MITCHELL S
9600 WILLARD STREET
SUITE 302
COCOA, FL 32922**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MAC DOUGALL, WARREN
1367 NIMITZ COURT
ROCKLEDGE, FL 32955** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**LEWIS E. HOCKMAN
1380 BYRD CT.
ROCKLEDGE, FL 32955** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
EBERWEIN, CHARLES
1365 NIMITZ COURT
ROCKLEDGE, FL 32955** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**LOUIS KOTOPKA
1361 NIMITZ CT.
ROCKLEDGE FL 32955** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
O'FLAHERTY, MAUDENE
1388 BYRD COURT
ROCKLEDGE, FL 32955** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DONNA GIDES
1387 BYRD CT
ROCKLEDGE, FL 32955** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILKINSON, PATTY
1377 BYRD COURT
ROCKLEDGE, FL 32955** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FRENCH, SUNNY
1386 NIMITZ COURT
ROCKLEDGE, FL 32955** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MARCIA FRENCH
1386 NIMITZ CT
ROCKLEDGE FL 32955** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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 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: Lewis E. Hockman **Lewis E. Hockman** **4/20/04** **321-639-4223**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #