

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90244 025 \*\*\*\*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

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

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

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MAC DOUGALL, WARREN	
STREET ADDRESS	1367 NIMITZ COURT	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	EBERWEIN, CHARLES	
STREET ADDRESS	1365 NIMITZ COURT	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'FLAHERTY, MAUDENE	
STREET ADDRESS	1388 BYRD COURT	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FRENCH, DOREEN	
STREET ADDRESS	1383 NIMITZ COURT	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MATSON, JANICE R	
STREET ADDRESS	1364 NIMITZ COURT	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nora M. Gordon	
STREET ADDRESS	1362 Nimitz Court	
CITY-ST-ZIP	Rockledge, FL 32955	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'Flaherty, Maudene	
STREET ADDRESS	1388 Byrd Court	
CITY-ST-ZIP	Rockledge, FL 32955	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilkinson, Patty	
STREET ADDRESS	1377 Byrd Court	
CITY-ST-ZIP	Rockledge, FL 32955	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	French, Sunny	
STREET ADDRESS	1386 Nimitz Court	
CITY-ST-ZIP	Rockledge, FL 32955	
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:

*Nora M. Gordon* NORA M. GORDON

alialo3

321-635-8155

CR2E037 (10/02)