

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90327 003 ****61.25

DOCUMENT # N27037

1. Entity Name

DAYSPRING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2725 HILLCREST AVENUE
 TITUSVILLE FL 32796
 US

Mailing Address

2725 HILLCREST AVENUE
 TITUSVILLE FL 32796
 US

773 ANTILLES RD. NE

2. Principal Place of Business

3. Mailing Address

773 ANTILLES RD. NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PALM BAY FL.

City & State

PALM BAY, FL.

City & State

Zip

Country

32907

USA

Zip

Country

32907

USA

4. FEI Number

59-2916808

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PHILPOT, RONALD W.
 2725 HILLCREST AVENUE
 TITUSVILLE FL 32796

7. Name and Address of New Registered Agent

Name

ROBERT L KEIPER

Street Address (P.O. Box Number is Not Acceptable)

773 ANTILLES RD. NE

City

PALM BAY

FL

Zip Code

32907

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 **ROBERT L. KEIPER**

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

Robert L. Keiper 3-06-01

(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

TITLE ☐ Delete

NAME **PD**
 YING, CHEUK
 STREET ADDRESS **4320 SUGAR MAPLE CT**
 CITY-ST-ZIP **TITUSVILLE FL 32700**

TITLE ☐ Delete

NAME **VD**
 ALVAREZVIVON, RICARDO
 STREET ADDRESS **223 OLMSTEAD DR**
 CITY-ST-ZIP **TITUSVILLE FL**

TITLE ☒ Delete

NAME **STD**
 PHILPOT, RONALD W.
 STREET ADDRESS **2725 HILLCREST AVE.**
 CITY-ST-ZIP **TITUSVILLE FL**

TITLE ☐ Delete

NAME **STD**
 KEIPER ROBERT L
 STREET ADDRESS **773 ANTILLES. RD. NE**
 CITY-ST-ZIP **PALM BAY, FL. 32907**

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition

NAME **STD**
 KEIPER ROBERT L.
 STREET ADDRESS **773 ANTILLES. RD. NE**
 CITY-ST-ZIP **PALM BAY, FL. 32907**

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **ROBERT L. KEIPER** **Robert L. Keiper 3-06-01 321-773-9734**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)