2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

Spanish Span	1. Entity Nam	MENT # N28875 EET CONDOMINIUM ASSOC		Jan 29, 2005 08:00 AM Secretary of State					
SSO S. BREVARD AVENUE UNIT 521 COCOA BEACH FL 22312 2. Filtripal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Ap	Principal Plac	e of Business	Mailing Address	·					
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Signature Sign	Suite, Apt.	#, etc.	Suite, Apt #, etc.		1st MC	OORE (CR2E037 (10/04	1)	
6. Name and Address of Current Registered Agent YOGESHKUMAR, PATEL 6850 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 City FL Zip Code Collage City FL Zip Code City FL Zip Code Collage City FL Zip Code Collage City FL Zip Code Collage C	City & Stat	de	City & State			4. FEI Number 5	9-3075431		Applied For Not Applicab
Name YOGESHKUMAR, PATEL 6850 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 City FL Zip Code City FL City FL Zip Code City FL City FL Zip Code City FL Ci	Zip	Country	Zip	Cou	intry	5. Certificate of St	atus Desired		
Steet Address (P.O. Box Number is Not Acceptable) Steet Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$81.25		6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Reg	gistered Agent	
6850 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, when the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, when a registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of Florida Plants of Florida Department of State FILE NOW: FEE IS \$61.25 Due By May 1, 2005 Pagentage agent, or both, in the State of Florida. I am familiar with, and act the obligations of Florida Department of State FILE NOW: FEE IS \$61.25 Date Now: PD Department of State FILE NOW: FEE IS \$61.25 III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 CAPE CANAVERAL FL 32920 CITY SI-2P COCOA BEACH FL 32931 CITY SI-2		0=011121844			Name				
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. SIGNATURE Signature, speed or prized name of registered agent and tole if applicable INOTE Registered Agent signature required when sendative) DATE	CAPE CANAVERAL FL 32920								8.1.
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Signature, typoid or printed name of registered agent and take if applicable NOTE Registered Agent argenture versured when it increasing) DATE	SIGNATI IRE				1,500		-	. 3.	
Due By May 1, 2005 Trust Fund Contribution.	GIGHTATOTIL	Signature, typed or printed name of registered agent a	and title if applicable (NC	TE Registere	d Agent signatura reduir	ed when reinstating)		DATE	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information dicated 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 direction 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 changed, or on an attachment with an address, with all other like empowered.	indicated	I on this report or supplemental report is rporation or the receiver or trustee empo	strue and accurate and that owered to execute this repo	t my signat rt as requi	ture shall have the	e same legal effect as i	if made under oa	ath that Lam an offi	icer or director

DAVID TIPTON SAVIN JOHN 1-24-05 321-868-2537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dole Devembe Phone 4

FILED