

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2002 8:00 am**  
**Secretary of State**

08-04-2002 90164 014 \*\*\*\*61.25

**DOCUMENT # N40959**

1. Entity Name

**BARRIER ISLANDS PRESERVATION & PROTECTION ASSOCIATION, INC. (BIPPA)**

Principal Place of Business

Mailing Address

**3220 RIVER VILLA WAY #131  
 MELBOURNE BEACH FL 32951  
 US**

**PO BOX 510906  
 MELBOURNE BEACH FL 32951  
 US**

2. Principal Place of Business

3. Mailing Address

**5895 Riverside Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Melbourne Beach, FL**

City & State

4. FEI Number

**59-3044836**

Applied For

Not Applicable

Zip

Country

**32951**

**USA**

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

**MARTIN, M K  
 3220 RIVER VILLA WAY  
 #131  
 MELBOURNE BEACH FL 32951**

Name

**Simoës, Susan**

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

**5895 Riverside Drive**

City

**Melbourne Beach**

FL

Zip Code

**32951**

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

**Susan Simoes**

**SUSAN SIMOES, CHAIRMAN**

**7/29/02**

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 **CD** ☐ Delete  
 NAME **SIMOES, SUSAN**  
 STREET ADDRESS **5895 RIVERSIDE DRIVE**  
 CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

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

TITLE **VCD** ☐ Delete  
 NAME **MARTIN, KATHERINE M**  
 STREET ADDRESS **3220 RIVER VILLA WAY #131**  
 CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE ☒ Change ☐ Addition  
 NAME **Martin, Katherine**  
 STREET ADDRESS **3112 River Villa Way**  
 CITY-ST-ZIP **Melbourne Beach, FL 32951**

TITLE **D** ☒ Delete  
 NAME **WALTHER, NICHOLAS A**  
 STREET ADDRESS **3112 RIVER VILLA WAY**  
 CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE ☐ Change ☒ Addition  
 NAME **Simoës, Richard**  
 STREET ADDRESS **5895 Riverside Drive**  
 CITY-ST-ZIP **Melbourne Beach, FL 32951**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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 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:

**SIGNATURE REQUIRED Katherine Martin 6/4/02 (321) 723**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4453**

CR2E037 (9/01)