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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000001291 (3)**

1. Corporation Name
DISCOVERY BAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1980 NORTH ATLANTIC AVE. SUITE 704 COCOA BEACH FL 32931	1980 NORTH ATLANTIC AVE. SUITE 704 COCOA BEACH FL 32931

3. Date Incorporated or Qualified: 03/15/1994

4. FEI Number: 59-3247077 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 615 MANATEE BAY DR.	26 P.O. BOX 265
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: CAPE CANAVERAL FL.	28 City & State: CAPE CANAVERAL FL.
24 Zip: 32920 25 Country: U.S.	29 Zip: 32920 30 Country: U.S.

9. Name and Address of Current Registered Agent

PEEPLES, JAMES W III
505 NORTH ORLANDO AVE.
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name: WILLIAM M YOUNG
82 Street Address (P.O. Box Number is Not Acceptable): 200 SOUTH BANANA RIVER BLVD.
83 #2003
84 City: COCOA BEACH FL 85 Zip Code: 32931

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: William M. Young 1/12/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	TEZEL, ALI O		1.2 NAME	WILLIAM M. YOUNG	
STREET ADDRESS	1980 NORTH ATLANTIC AVE., STE. 704		1.3 STREET ADDRESS	615 MANATEE BAY DR.	
CITY-ST-ZIP	COCOA BEACH FL 32931		1.4 CITY-ST-ZIP	CAPE CANAVERAL, FL. 32920	
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHUMERS, EDWARD		2.2 NAME		
STREET ADDRESS	1980 NORTH ATLANTIC AVE., STE. 704		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL 32931		2.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, WALTER		3.2 NAME		
STREET ADDRESS	1980 NORTH ATLANTIC AVE., STE. 704		3.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL 32931		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William M. Young **REQUIRED**