

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

013871

**DOCUMENT # N94000003386**

1. Entity Name

**MAR BRISA OWNERS ASSOCIATION, INC.**

03-31-2002 90367 041 \*\*\*\*61.25

Principal Place of Business

112 MAR BRISA CT  
 SATELLITE BEACH FL 32937  
 US

Mailing Address

1900 N. ATLANTIC AVE.  
 701  
 COCOA BEACH FL 32931  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3253917**

Applied For

Not Applicable

Zip

Country

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

**DAVIS, PETSY** *Petsy*  
 1900 N. ATLANTIC AVE.  
 STE 701  
 COCOA BEACH, FL 32931

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.

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | VPD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | PALLATT, ROY             |  |
| STREET ADDRESS | 308 ESPANA CT            |  |
| CITY-ST-ZIP    | SATELLITE BEACH FL 32937 |  |
| TITLE          | SC                       | <input type="checkbox"/> Delete            |
| NAME           | WESLEY, JAMES            |  |
| STREET ADDRESS | 306 ESPANA COURT         |  |
| CITY-ST-ZIP    | SATELLITE BEACH FL 32937 |  |
| TITLE          | S                        | <input checked="" type="checkbox"/> Delete |
| NAME           | BENINCASA, JOHANNA       |  |
| STREET ADDRESS | 906 ESPANA COURT         |  |
| CITY-ST-ZIP    | SATELLITE BEACH FL 32937 |  |
| TITLE          | D                        | <input type="checkbox"/> Delete            |
| NAME           | BERYA, ROBERT            |  |
| STREET ADDRESS | 113 MAR Bvisa CT         |  |
| CITY-ST-ZIP    | SATELLITE BEACH FL 32937 |  |
| TITLE          | TD                       | <input type="checkbox"/> Delete            |
| NAME           | JO-ALLISON, CATTANEO     |  |
| STREET ADDRESS | 302 ESPANA COURT         |  |
| CITY-ST-ZIP    | SATELLITE BEACH FL 32937 |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          | PD                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <i>Wesley, James</i>      |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          | VPD                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <i>Roy, Clara</i>         |  |
| STREET ADDRESS | <i>712 Mar Brisa Ct</i>   |  |
| CITY-ST-ZIP    | <i>Sat Beach FL 32937</i> |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          | SD                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <i>Mischak, Roy</i>       |  |
| STREET ADDRESS | <i>702 Mar Brisa Ct</i>   |  |
| CITY-ST-ZIP    | <i>Sat Beach FL 32937</i> |  |
| 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: *Clara D. Roy* **REQUIRE D. Roy**

3-14-02

4-773-2760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)