


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90276 045 \*\*\*\*61.25

**DOCUMENT # N94000003386**  
 1. Entity Name  
**MAR BRISA OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**112 MAR BRISA CT**  
**SATELLITE BEACH, FL 32937 US**

Mailing Address  
**1980 N. ATLANTIC AVE.**  
**701**  
**COCOA BEACH, FL 32931 US**

**94062778**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04192004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**59-3253917**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**DAVIS, PETEY**  
**1980 N. ATLANTIC AVE.**  
**STE 701**  
**COCOA BEACH, FL 32931**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **VPD**  Delete  
 NAME **ROY, CLARA**  
 STREET ADDRESS **712 MAR BRISA CT**  
 CITY-ST-ZIP **SATELLITE BEACH, FL 32937**

TITLE **PD**  Change  Addition  
 NAME **Roy, Clara**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **WESLEY, JAMES**  
 STREET ADDRESS **306 ESPANA COURT**  
 CITY-ST-ZIP **SATELLITE BEACH, FL 32937**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DS**  Delete  
 NAME **BERUNCASA, JOHANNA**  
 STREET ADDRESS **406**  
 CITY-ST-ZIP **SATELLITE BEACH, FL 32937**

TITLE **SD**  Change  Addition  
 NAME **Springer, Norma**  
 STREET ADDRESS **708 Mar Brisa Ct Sat Beach 32937**  
 CITY-ST-ZIP

TITLE **DT**  Delete  
 NAME **RUSSE, LOUIS**  
 STREET ADDRESS **206**  
 CITY-ST-ZIP **SATELLITE BEACH, FL 32937**

TITLE **VPD**  Change  Addition  
 NAME **Rossi, Lou**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **SIMMONS, JIRA**  
 STREET ADDRESS **706 MAR BRISA CT.**  
 CITY-ST-ZIP **SATELLITE BEACH, FL 32937**

TITLE **TD**  Change  Addition  
 NAME **Simmons, Jim**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Change  Addition  
 NAME **Michaels, Betty**  
 STREET ADDRESS **505 Esperant Sat Beach Fl 32937**  
 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:** *Jim Simmons* **4/20/04** **321.777.1764**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #