

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004290

1. Entity Name

DEHART CONDOMINIUM OWNERS ASSOCIATION, INC.

FILED

May 12, 2001 8:00 am  
Secretary of State

05-12-2001 90045 049 \*\*\*\*61.25

Principal Place of Business

2000 AGORA CIRCLE  
UNIT 2  
PALM BAY FL 32909  
US

Mailing Address

2000 AGORA CIRCLE  
UNIT 2  
PALM BAY FL 32909  
US

2. Principal Place of Business

S/A 6

3. Mailing Address

S/A 6

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1618236

Applied For

Not Applicable

Zip

32909-3948

Country

BREVARD

Zip

32909-3948

Country

BREVARD

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

STAGGS, JAMES SR  
2000 AGORA CIRCLE  
UNIT 2  
PALM BAY FL 32909

Name

S/A 6

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 James R. Staggs (PRES)

JAMES R. STAGGS SR (PRES) 1/4/01

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 NAME STREET ADDRESS CITY-ST-ZIP	STD MILLER, JESSICA 2000 AGORA CIRCLE, #2 PALM BAY FL 32909	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STAGGS, JAMES 2000 AGORA CIRCLE, #2 PALM BAY FL 32909	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VAUGHN, JACKSON 2000 AGORA CIRCLE, #2 PALM BAY FL 32909	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

James R. Staggs (President) 1/4/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321 676 2436

CR2E037 (10/00)