

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90026 043 ****61.25

DOCUMENT # N97000004622

1. Entity Name

JEANIE BY THE SEA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**404 TYLER AVENUE
 CAPE CANAVERAL FL 32920
 US**

**329 TAFT AVENUE
 COCOA BEACH FL 32931**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2582286

Applied For

Not Applicable

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

**MALIN, DONALD
 2350 SHERBROOKE RD
 UNIT 9
 WINTER PARK FL 32792**

Name **Gilles Ste-Marie**

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

404 Tyler #12

City **Cape Canaveral**

FL

Zip Code **32920**

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

Gilles Ste-Marie

3/12/01

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 **PD** ☐ Delete
 NAME **HIVON, LEO**
 STREET ADDRESS **404 TYLER AVE #11**
 CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

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

TITLE **BD** ☐ Delete
 NAME **ROUX, THERESA**
 STREET ADDRESS **404 TYLER, #5**
 CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

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

TITLE **VD** ☐ Delete
 NAME **MALIN, DONALD**
 STREET ADDRESS **2350 SHERBROOKE RD**
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **BD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** ☐ Delete
 NAME **ST MARIE, GILES**
 STREET ADDRESS **404 TYLER #12**
 CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition
 NAME **Diane Cardarelli**
 STREET ADDRESS **1058 Lundy Court**
 CITY-ST-ZIP **Winter Park, FL 32792**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)