## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N97000004622

1. Entity Name

SIGNATURE:

## JEANIE BY THE SEA CONDOMINIUM ASSOCIATION, INC.



FILED Mar 26, 2003 8:00 am Secretary of State

03-26-2003 90167 041 \*\*\*\*61.25

| 404 TYLER AV   | ce of Business<br>/ENUE<br>ERAL FL 32920  | Mailing Address 329 TAFT AVENUE COCOA BEACH FL 32931            |                                   |  | <br>              | <b>7</b> 211 1 <b>48</b> 11 <b>80</b> 12 B <b>8</b> 21 B812 | 1833 1813 8181 8141 8141 8 | i <b>r</b> ia 1181 (481    |                            |  |
|--|---|---|-----------------------------------|--|-------------------|---|----------------------------|----------------------------|----------------------------|--|
| 2. Principal Place of Business   |   | 3. Mailing Address  |                                   |  |                   |   |                            |                            |                            |  |
| Suite, Apt   | , #, etc.   | Suite, Apt. #, etc.   |                                   |  |                   | ☐ CHECK HERE IF MAKING CHANGES                              |                            |                            |                            |  |
| City & State   |   | City & State  |                                   |  |                   | 4. FEI Number 59-2582286                                    |                            | <del></del>                | Applied For Not Applicable |  |
| Zip  | Country   | Country Zip   |                                   | Country  |                   |   |                            |                            | 8.75 Additional            |  |
|  | - 6. Name and Address of Current  | Registered Agent  |                                   | <u></u>  |                   | _7Name and Add  | iress of New Regis         | lered Agent                |                            |  |
| STE-MARIE, GILLES<br>404 TYLER #12<br>CAPE CANAVERAL FL 32920  |   |   |                                   | Street Address (P.O. Box Number is Not Acceptable)  329 Taft Ave.  City  COCOR PORCH |                   |   |                            |                            |                            |  |
| 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  Gary Herr, Vice President 3/24/03  Signature, typed or printed name of egistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE |   |   |                                   |  |                   |   |                            |                            |                            |  |
| FILE NOW: FEE IS \$61.25  9. Election Campa Trust Fund Cont  |   |   |                                   |  |                   | \$5.00 May Be<br>Added to Fees                              |                            | Check Payable epartment of |                            |  |
| 10.  | OFFICERS AND DIR  |   | 11.                               |  |                   |   | ES TO OFFICERS AI          |                            |                            |  |
| TITLÉ NAME STREET ADDRESS CITY-ST-ZIP  | PD<br>HIVON, LEO<br>404 TYLER AVE #11<br>CAPE CANAVERAL FL 32920  | <b>⊠</b> Delete   |                                   |  | Del<br>404        | ora Melvi<br>4 Tyler A                                      | ve. #6                     | _ ,                        | Addition                   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | STD<br>ST MARIE, GILES<br>404 TYLER #12<br>CAPE CANAVERAL FL 32920  | ☐ Delete  | TITLE<br>NAME<br>STREE            | 7.000000   | Vic<br>Gar<br>329 | pe Canave<br>ce Presid<br>ry Herr<br>S-Taft Av<br>coa Beach | ent-Direc<br>e             | angan and and a            | <b>⊠</b> Addition          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | VPD<br>CARDARELLI, DIANE<br>1058 LUNDY COURT<br>WINTER PARK FL 32792  | ☐ Delete  | TITLE<br>NAME<br>STREE<br>CITY-S  | T ADDRESS  |                   | rector  | , FL 329                   | X Change                   | Addition                   |  |
| TITLE<br>Name<br>Street address<br>City-St-Zip   |   | ☐ Delete  | TITLE<br>NAME<br>STREE<br>CITY-S  | T ADDRESS  |                   |   |                            | ☐ Change                   | ☐ Addition                 |  |
| TITLE<br>NAME<br>Street address<br>City-St-Zip   |   | □ Delete  | TITLE<br>NAME<br>STREET<br>CITY-S | T ADDRESS<br>ST-ZIP  |                   |   |                            | ☐ Change                   | ☐ Addition                 |  |
| TITLE<br>Name<br>Street address<br>City-St-Zip   |   | ☐ Delete  | TITLE NAME STREET CITY-S          | T ADDRESS<br>ST-ZIP  |                   |   |                            | ☐ Change                   | ☐ Addition                 |  |
| of the cor   | sertify that the information supplied with<br>on this report or supplemental report is<br>poration or the receiver or trustee empor<br>or on an attachment with an address, w | true and accurate and that my<br>wered to execute this report a | v sidnatu                         | ire shall have   | the se            | ame legal effect as if                                      | t made under oath: ti      | hat I am an officer        | or director 1              |  |