

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000477

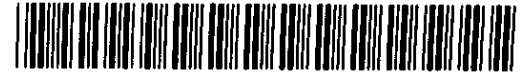
1. Entity Name

J.P.O. CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90233 039 \*\*\*\*61.25

**BU056762**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2180 WEST SR 434  
 SUITE 5000  
 LONGWOOD FL 32779

Mailing Address

2180 WEST SR 434  
 SUITE 5000  
 LONGWOOD FL 32779

2. Principal Place of Business

1617 Cooling Ave.  
 Suite, Apt. #, etc.

3. Mailing Address

1617 Cooling Ave.  
 Suite, Apt. #, etc.

City & State

Melb. FL

City & State

Melb. FL

4. FEI Number

59-3488462

Applied For

Not Applicable

Zip

Country

32935 USA

Zip

Country

32935 USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HART, JAMES W JR.  
 SENTRY MANAGEMENT INC.  
 2180 WEST SR 434, SUITE 5000  
 LONGWOOD FL 32779-5044

7. Name and Address of New Registered Agent

Name: Space Coast Prop. Mgmt.  
 Street Address (P.O. Box Number is Not Acceptable): 1617 Cooling Ave.  
 City: Melbourne  
 State: FL Zip Code: 32935

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: *KEVIN G MARRS*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-01

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>HARWOOD, JERRY<br>1345 N HWY A1A, #309<br>INDIALANTIC FL 32903   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BORSELLA, ALBERT<br>1345 N HWY A1A, #309<br>INDIALANTIC FL 32903  | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Anderson, CAROL<br>1315 N. Hwy A1A #204<br>Indialantic FL 32903 <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>STERMAN, DVAID<br>1345 N HWY A1A, #408<br>INDIALANTIC FL 32903   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>QUINN, ALICE<br>1345 N HWY A1A, #408<br>INDIALANTIC FL 32903     | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>CAMERUCI, SHERRA<br>1345 N HWY A1A, #408<br>INDIALANTIC FL 32903 | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

CR2E037 (10/00)

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: *KEVIN G MARRS* **SIGNATURE REQUIRED**

30 APR 01

321-676-5267