

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

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90331 048 ****61.25

DOCUMENT # N98000005653

1. Entity Name

THE PRESERVE AT COCONUT POINTE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**516 DELANNOY AVE
COCOA FL 32922**

Mailing Address

**P.O. BOX 3767
COCOA FL 32924-3767**

2. Principal Place of Business

1515 Elizabeth St

3. Mailing Address

1010 S. Magnolia Dr

Suite, Apt. #, etc.

Suite H

Suite, Apt. #, etc.

Suite H

City & State

Melbourne, FL

City & State

Indialantic FL

Zip

32901

Country

USA

Zip

32903

Country

USA

4. FEI Number **59-3662051**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KIRSCHENBAUM, MALCOLM R
516 DELANNOY AVE
COCOA FL 32922**

7. Name and Address of New Registered Agent

Name **Otto S. Boozer**

Street Address (P.O. Box Number is Not Acceptable)
1010 S. Magnolia Dr.

City **Indialantic**

FL

Zip Code **32903**

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

[Signature]

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
After September 10, 2003, min will be \$236.25**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KIRSCHENBAUM, MALCOLM R	
STREET ADDRESS	516 DELANNOY AVE	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SWANN, JIM	
STREET ADDRESS	516 DELANNOY AVE	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPEARMAN, GUY M	
STREET ADDRESS	516 DELANNOY AVE	
CITY-ST-ZIP	COCOA FL 32922	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Otto S. Boozer	
STREET ADDRESS	1010 S. Magnolia Dr.	
CITY-ST-ZIP	Indialantic, FL 32903	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fred D. Boozer, Jr.	
STREET ADDRESS	1010 S. Magnolia Dr.	
CITY-ST-ZIP	Indialantic, FL 32903	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ann E. Webber	
STREET ADDRESS	1010 S. Magnolia Dr.	
CITY-ST-ZIP	Indialantic, FL 32903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)