

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766280

**FILED**  
**Jan 21, 2024**  
**Secretary of State**  
**0593338811CC**

**Entity Name:** CONSTELLATION CONDOMINIUM ASSOCIATION OF BREVARD, INC.

**Current Principal Place of Business:**

3221 SOUTH ATLANTIC AVENUE  
COCOA BEACH, FL 32931

**Current Mailing Address:**

3221 SOUTH ATLANTIC AVENUE  
COCOA BEACH, FL 32931

**FEI Number:** 59-2522657

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOVSHOW, ROBERT D  
3219 S ATLANTIC AVE  
#202  
COCOA BEACH, FL 32931 US

*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:** ROBERT D. MOVSHOW

01/21/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            OWEN, JUDITH A  
Address        3223 S ATLANTIC AVE  
                  #406  
City-State-Zip: COCOA BEACH FL 32931

Title            VP  
Name            GROSSMAN, STEPHEN  
Address        3219 S. ATLANTIC AVE  
                  #701  
City-State-Zip: COCOA BEACH FL 32931

Title            TREASURER  
Name            WEISBROD, SUSANNE  
Address        3221 SOUTH ATLANTIC AVENUE  
City-State-Zip: COCOA BEACH FL 32931

Title            SECRETARY  
Name            ESFANDIARI, MARY ANN  
Address        3221 S ATLANTIC AVE  
                  #403  
City-State-Zip: COCOA BEACH FL 32931

Title            DIRECTOR  
Name            MARCUS, ANDREW  
Address        3219 S ATLANTIC AVE  
                  #501  
City-State-Zip: COCOA BEACH FL 32931

Title            DIRECTOR  
Name            TOMASSO, RICHARD  
Address        3223 S ATLANTIC AVE  
                  #706  
City-State-Zip: COCOA BEACH FL 32931

Title            DIRECTOR  
Name            ROONEY, PHILIP  
Address        3219 S ATLANTIC AVE  
                  #402  
City-State-Zip: COCOA BEACH FL 32931

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JUDITH A OWEN

PRESIDENT

01/21/2024

Electronic Signature of Signing Officer/Director Detail

Date