

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725860

1. Entity Name

CASA BLANCA OWNERS' ASSOCIATION, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90021 032 ****61.25

Principal Place of Business

850 S. ATLANTIC WAY
COCOA BEACH FL 32931
US

Mailing Address

850 S. ATLANTIC AVE.
#2
COCOA BEACH FL 32931-2481
US

2. Principal Place of Business

850 S ATLANTIC AVE.

Suite, Apt. #, etc.
COCOA BEACH

City & State
FLORIDA

Zip
32931

Country
USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IRVIN, WILLIAM C.
320 N. ATLANTIC AVE.
P.O. BOX 40
COCOA BEACH FL 32931

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STM
NOVAK, RAE A
850 S. ATLANTIC AVE. #2
COCOA BEACH FL 32931 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SMITH, BERTRAND
850 S. ATLANTIC AVE. #5
COCOA BEACH FL 32931 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
NEWTON, JAMES
850 S. ATLANTIC AVE. #1
COCOA BEACH FL 32931 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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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: RAE A. NOVAK 2/7/00 407 868-2207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)