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

## DOCUMENT # 745253

1. Entity Name COOLINA SANDS ASSOCIATION, INC.



**FILED** Aug 18, 2003 8:00 am Secretary of State

08-18-2003 90172 044 \*\*\*\*61.25

	COMINDO ACCOMINICION IN	7		(S)					
Principal Place of Business 541 MANDARIN RD. IAPLES FL 33940 IS		Mailing Address PO BOX 423 NAPLES FL 34106 US	PO BOX 423 NAPLES FL 34106						
2. Principal F	Place of Business	3. Mailing Address		,					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		]	CHECK HERE IF N			
City 9 Chala		City P State	City & State		<u> </u>			Applied F	,,
City & State		Oily & State		4. FEI Number 0	2-62/5483	_	Not Applie		
Zip 34	102 Country	Zip	Country		5. Certificate of S	tatus Desired	□ \$8.75 Fee Re	Additional quired	
	6. Name and Address of Curre	ent Registered Agent			7. Name and Add	dress of New Regi	stered Agent-	<b>_+</b> - = :	
			Nam	°Sar	Tah Gui	te			
	YBERRY, DIANNE		Stree	et Address (	P.O. Box Number is				
	IYAN BLVD			/520	Naut	ins Ra	•		
NAPLES	FL 34102			<b>Æ</b>					
-			City	Napl	105		FL Zip	Code 4/02	
The above	e named entity submits this statemen	t for the purpose of changing its	registered offic	<del></del>		the State of Florida			ept
SIGNATURE	- Janon	A state of a speciments (NOT	Er Danistared Agent of		e' Presid	0	DATE		
	Signature. Viped or pinted name of registered age.  FILE NOW: FEE IS \$61.25 tember 10, 2003, min will be	9. Election Ca	TE: Registered Agent si mpaign Financir Contribution.	ignature required	\$5.00 May Be Added to Fees	Make	Check Paya Department		-
	FILE NOW: FEE IS \$61.25	9. Election Cal \$236.25 Trust Fund (	mpaign Financir	ng	\$5.00 May Be	Make Florida I	Department	of State	
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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.

Guite President \$73-03 **SIGNATURE:**