## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 25, 2000 8:00 am Secretary of State **DOCUMENT # 746154** 1. Entity Name CORAL LAKES HOMEOWNERS ASSOCIATION, INC. 01-25-2000 90020 036 \*\*\*\*61.25 Principal Place of Business Mailing Address SALERNO ROAD P. O. BOX 6048 P.O. BOX 6048 STUART FL 34997-0048 STUART FL 34997-8477 3. Mailing Address BOX 2. Principal Place of Business 6048 CORGL LAKES DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. BOX Applied For City & State 4. FEI Number City & State 59-2543656 STUALI Not Applic \$8.75 Additional 5. Certificate of Status Desired \_ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CUMMINGHAME Street Address (P.O. Box Number is Not Acceptable) KENNA, NANCY 2083 S.E. OPAL WAY STUART FL 34997 STUALT 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 Stonature, typed or printed name of registered agent and title if applicable Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE Delete TITLE ☐ Change RENGE NOSBIT NAME KENNA, NANCY NAME 1966 EMOLALD COURT STREET ADDRESS STREET ADDRESS 2083 SE OPAL WAY STUALT, PL 34997 CITY-ST-ZIP CITY-ST-ZIP STUART FL TITLE D Delete TITLE Change JOHN DOWD NAME MOSES, DAVID NAME 2327 DIAMOND COURT STREET ADDRESS STREET ADDRESS 5341 S.E. STERLING CIR CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997 D. STEPHANIE CANITI TITLE ☐ Delete TITLE ☐ Change **Addition** NAME BEHNKE, DOUGLAS NAME 5391 STERLING CACLE STREET ADDRESS STREET ADDRESS 5315 LAPIS CIR STUALT, PL 34997 CITY-ST-ZIP CITY-ST-ZIP STUART FL ANDREW CONNINGHAME Change ☐ Delete TITLE Addition TITLE NAME BOWEN, JEFFREY 2915 5.6. 604 DI. STUNT PL. 34997 STREET ADDRESS STREET ADDRESS 4980 SE STERLING CT CITY-ST-ZIP CITY-ST-ZIP STUART FL ☐ Channe Addition ☐ Delete TITLE TITLE PENNENGA, RONALD NAME NAME STREET ADDRESS STREET ADDRESS 4874 S.E. GEM DR CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE** 

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1/17/00

561-221-9687

☐ Change

Addition

Daytime Phone #