2001 UNIFORM BUSINESS REPORT (UBR)

Feb 06, 2001 8:00 am Secretary of State **DOCUMENT # 746154** CORAL LAKES HOMEOWNERS ASSOCIATION, INC. 02-06-2001 90307 040 ****61.25 Principal Place of Business Mailing Address CORAL LAKES COMMUNITY P. O. BOX 6048 P.O. BOX-6048 STUART FL 34997-8477 STUART FL 34997-8477 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 150wen Street Address (P.O. Box Number is Not Acceptable) **CUMMINGS. ANDREW** Sterling 4915 S.E. GUM DRIVE STUART FL 34997 Zip Code **34***99* **7** tuant The above named entity Aubmits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ië Wow 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. ED IS \$61.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Secretary [Change TITLE □ Ωelete TITLE Colleen Ookland NAME **NESBIT. RENEE** NAME 2193 Opal Way STREET ADDRESS STREET ADDRESS 1966 EMERALD COURT Stuart, F1 34997 CITY-ST-ZIP CITY-ST-ZIF STUART FL 34997 TITLE ☐ Delete TITLE Addition ☐ Change NAME DOWD, JOHN NAME STREET ADDRESS 2327 DIAMOND COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997 Treasure **Addition** TITLE ☐ Change TITLE Delete Donne Beiser BEHNKE, DOUGLAS AZLI SE DIAMOND CH NAME NAME STREET ADDRESS 5315 LAPIS CIR STREET ADDRESS Stuant FL 34997 CITY-ST-ZIP CITY-ST-ZIP STUART FL President ☐ Delete ☐ Change TITLE TITLE Addition **BOWEN, JEFFREY** NAME NAME STREET ADDRESS 4980 SE STERLING CT STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP STUART FL VICE President TITLE □ Delete TITLE Change ☐ Addition PENNENGA, RONALD NAME NAME STREET ADDRESS 4874 S.E. GEM DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997 TITLE TITLE ☐ Addition Belete CAVITT, STEPHANIE NAME NAME STREET ADDRESS 5391 STERLING CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997

FILED

SIGN TURE AND TYPED OR PRINTED NAME OF INGRING OFFICER OR DIRECTOR DATE Date Date Date Date

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 of Yustey expowered 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 attac