

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90125 025 ****61.25

DOCUMENT # 746154

1. Entity Name

CORAL LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

CORAL LAKES COMMUNITY
P.O. BOX 6048
STUART FL 34997-8477

Mailing Address

P. O. BOX 6048
STUART FL 34997-8477
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

BOWEN, JEFFREY Peter Cavitt
4980 SE STERLING COURT 5391 Sterling Circle
STUART FL 34997 Stuart, FL 34997

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

11. (DP) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME NESBIT, RENEE
STREET ADDRESS 1966 EMERALD COURT
CITY-ST-ZIP STUART FL 34997 ☒ Delete

TITLE Peter Cavitt
NAME 5391 Sterling Circle
STREET ADDRESS Stuart, FL 34997 ☒ Change ☐ Addition

TITLE D
NAME DOWD, JOHN
STREET ADDRESS 2327 DIAMOND COURT
CITY-ST-ZIP STUART FL 34997 ☒ Delete

TITLE (DVP)
NAME Robert Walters
STREET ADDRESS 3202 Opal Way
CITY-ST-ZIP Stuart FL 34997 ☒ Change ☐ Addition

TITLE S
NAME OAKLAND, COLLEEN
STREET ADDRESS 2193 OPAL WAY
CITY-ST-ZIP STUART FL 34997 ☐ Delete

TITLE (D)
NAME Daniel Mayers
STREET ADDRESS 5150 Gem Dr.
CITY-ST-ZIP Stuart FL 34997 ☐ Change ☒ Addition

TITLE DP
NAME BOWEN, JEFFREY
STREET ADDRESS 4980 SE STERLING CT
CITY-ST-ZIP STUART FL ☒ Delete

TITLE (D)
NAME Nancy Kenna
STREET ADDRESS 2083 Opal Way
CITY-ST-ZIP Stuart FL 34997 ☒ Change ☐ Addition

TITLE DVP
NAME PENNENGA, RONALD
STREET ADDRESS 4874 S.E. GEM DR
CITY-ST-ZIP STUART FL 34997 ☒ Delete

TITLE (D)
NAME Michelle MacFarland
STREET ADDRESS 4917 Jewel Ct.
CITY-ST-ZIP Stuart FL 34997 ☒ Change ☐ Addition

TITLE T
NAME BERSER, DONNA
STREET ADDRESS 3247 SE DIAMOND COURT
CITY-ST-ZIP STUART FL 34997 ☒ Delete

TITLE (T)
NAME Shirley Parker
STREET ADDRESS 2162 SE Opal Way
CITY-ST-ZIP Stuart FL 34997 ☒ Change ☐ Addition

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: x Peter Cavitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/2002 121-376-8521

Date

Daytime Phone #

CR2E037 (9/01)