

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759499

1. Entity Name

CARIBBEAN BREEZE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4717 SE 4TH PLACE
CAPE CORAL FL 33904

Mailing Address

C/O CORAL PROP MGMT GROUP
826 SE 46TH LANE
CAPE CORAL FL 33904
US

2. Principal Place of Business

C-21 Sunbelt Property Mgn.

3. Mailing Address

C-21 Sunbelt Property Mgn.

Suite, Apt. #, etc.

506 SW 47th Terrace

Suite, Apt. #, etc.

506 SW 47th Terrace

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip

33914

Country

Lee

Zip

33914

Country

Lee

4. FEI Number

62-1217543

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FITZGEORGE, ELAINE D
CORAL PROPERTY MANAGEMENT GROUP
826 SE 46TH LANE
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name
C-21 Sunbelt Realty/August Zunino

Street Address (P.O. Box Number is Not Acceptable)
506 SW 47th Terrace

City

Cape Coral

FL

Zip Code

33914

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

August Zunino

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

After September 13, 2000 min. will be \$236.25

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	PD CAMPBELL, DONALD	<input type="checkbox"/> Delete
STREET ADDRESS	16 GARDEN LANE	
CITY-ST-ZIP	HOPE RI 02831	
TITLE NAME	DVP ROSS, KENNETH	<input type="checkbox"/> Delete
STREET ADDRESS	28 MEADOW BROOK ROAD	
CITY-ST-ZIP	EAST GREENWICH RI 02810	
TITLE NAME	D SILVA, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	646 FRENCHTOWN ROAD	
CITY-ST-ZIP	EAST GREENWICH RI 02818	
TITLE NAME	D HUGHES, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	9 STUART STREET	
CITY-ST-ZIP	WARREN RI 02885	
TITLE NAME	D HOLSTON, RAYMOND	<input type="checkbox"/> Delete
STREET ADDRESS	4718 SE 5TH AVE. #6	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90003 023 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)