

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90016 013 *****61.25

0031042

DOCUMENT # N23270

1. Entity Name

CORALSTONE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O ELLIOTT MERRILL MGMT
1105 12TH ST
VERO BEACH FL 32960

C/O ELLIOTT MERRILL MGMT
1105 12TH ST
VERO BEACH FL 32960

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

65-0114268

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

MERRILL, KAREN L
1105 12TH ST
VERO BEACH FL 32960

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOVAS, ROBERT 1521 CORAL OAK LANE VERO BEACH FL 32960	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETER, GEORGE 1561 CORAL OAK LANE VERO BEACH FL 32960	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MUSKULUS, JUERGEN 1563 CORAL OAK ALNE VERO BEACH FL 32963	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MELVIN, ELLEN 1408 CORAL OAK LANE VERO BEACH FL 32960	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORRISON, RICHARD 1370 CORAL PARK LANE VERO BEACH FL 32963	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:

Robert E. Novas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)