

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23270

1. Entity Name

CORALSTONE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

333 17TH STREET, STE. 2K
VERO BEACH FL 32960

333 17TH STREET, STE. 2K
VERO BEACH FL 32960-5686

2. Principal Place of Business

c/o Elliott Merrill Mgmt

3. Mailing Address

c/o Elliott Merrill Mgmt

Suite, Apt. #, etc.

1105 12th Street

Suite, Apt. #, etc.

1105 12th Street

City & State

Vero Beach FL

City & State

Vero Beach FL

Zip

32960

Country

Indian River

Zip

32960

Country

Indian River

6. Name and Address of Current Registered Agent

WESTBERG, SARA

333 17TH STREET, STE. 2K
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name

Karen L. Merrill

Street Address (P.O. Box Number is Not Acceptable)

1105 12th Street

City

Vero Beach

FL

Zip Code

32960

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

Karen L. Merrill

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/31/00

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

TITLE PD ☐ Delete

NAME NOVAS, ROBERT
STREET ADDRESS 1521 CORAL OAK LANE
CITY-ST-ZIP VERO BEACH FL 32960

TITLE D ☐ Delete

NAME PETER, GEORGE
STREET ADDRESS 1561 CORAL OAK LANE
CITY-ST-ZIP VERO BEACH FL 32960

TITLE VD ☐ Delete

NAME MUSKULUS, JUERGEN
STREET ADDRESS 1563 CORAL OAK ALNE
CITY-ST-ZIP VERO BEACH FL 32963

TITLE TD ☐ Delete

NAME MELVIN, ELLEN
STREET ADDRESS 1408 CORAL OAK LANE
CITY-ST-ZIP VERO BEACH FL 32960

TITLE SD ☐ Delete

NAME MORRISON, RICHARD
STREET ADDRESS 1370 CORAL PARK LANE
CITY-ST-ZIP VERO BEACH FL 32963

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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 life empowered.

SIGNATURE:

Signature Required

3/31/00

Date

Daytime Phone #

CR2E037 (9/99)