

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90274 024 \*\*\*\*61.25

**DOCUMENT # 771081**

1. Entity Name

**CORAL BREEZE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

615 CAPE CORAL PKWY  
 102  
 CAPE CORAL FL 33914  
 US

Mailing Address

615 CAPE CORAL PKWY W  
 102  
 CAPE CORAL FL 33914-6569  
 US

2. Principal Place of Business

506 S.W. 47th Terrace

Suite, Apt. #, etc.

Cape Coral, Florida

City & State

Zip

33914

Country

USA

3. Mailing Address

506 S.W. 47th Terrace

Suite, Apt. #, etc.

Cape Coral, Florida

City & State

Zip

33914

Country

USA

4. FEI Number

59-2529504

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

ZUNINO, AUGUST  
 615 CAPE CORAL PKWY W  
 102  
 CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

Name

August Zunino

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

Century 21 Sunbelt Realty

506 S.W. 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

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

TITLE TRSD ☒ Delete  
 NAME ERICKSON, TORY  
 STREET ADDRESS 4616 SE 6TH AVE., STE. 102  
 CITY-ST-ZIP CAPE CORAL FL

TITLE D ☒ Delete  
 NAME MACLEAN, JAMES  
 STREET ADDRESS 4616 SE 6TH AVE #201  
 CITY-ST-ZIP CAPE CORAL FL

TITLE PD ☐ Delete  
 NAME MUELLER, DENISE  
 STREET ADDRESS 4616 SE 6TH AVE STE 104  
 CITY-ST-ZIP CAPE CORAL FL

TITLE D ☒ Delete  
 NAME KING, JANE  
 STREET ADDRESS 4616 SW 6TH AVE, 103  
 CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☒ Change ☐ Addition  
 NAME Erickson, Tory  
 STREET ADDRESS 4616 S.E. 6th Ave. STE 102  
 CITY-ST-ZIP Cape Coral, FL 33904

TITLE VPD ☒ Change ☐ Addition  
 NAME Maclean, James  
 STREET ADDRESS 4616 S.E. 6th Ave. #201  
 CITY-ST-ZIP Cape Coral, FL 33914

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

TITLE TD ☒ Change ☐ Addition  
 NAME King, Jane  
 STREET ADDRESS 4616 S.W. 6th Ave. #103  
 CITY-ST-ZIP Cape Coral, FL 33914

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Denise Mueller*

Date

Daytime Phone #

*cf-28-00 942-5769*