

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721525

1. Entity Name

COCOA ISLES ASSOCIATION, INC.

**FILED**  
**Jun 02, 2000 8:00 am**  
**Secretary of State**

06-02-2000 90018 036 \*\*\*\*61.25

Principal Place of Business

714 CATALINA RD.  
COCOA BEACH FL 32931  
US

Mailing Address

200 N. FIRST ST.  
COCOA BEACH FL 32931-2924  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1461281

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CUNIC, CONRAD  
713 CATALINA RD #16  
P.O. BOX 1242  
COCOA BEACH FL 32931

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CUNIC, CONRAD	
STREET ADDRESS	714 CATALINA ROAD	
CITY-ST-ZIP	COCOA BEACH, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LUCCHESI, MARILYN	
STREET ADDRESS	714 CATALINA ROAD #19	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALLUCCI, FRANK	
STREET ADDRESS	191 EXCHANGE ST	
CITY-ST-ZIP	ALBANY NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARMON, MICHAEL	
STREET ADDRESS	714 CATALINA RD #1	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Conrad Cunic SIGNATURE REQUIRED CUNIC PRES 5-10-00 321-784-1453  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)