

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761307

1. Entity Name

CORAL BAYVIEW II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

CORAL BAYVIEW II
1512 W. CAPE CORAL PKWY., #106
CAPE CORAL FL 33914

Mailing Address

CORAL BAYVIEW II
1512 W. CAPE CORAL PKWY., #106
CAPE CORAL FL 33914

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

59-2251268

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

Name

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

City

FL

Zip Code

SIDERAVAGE, PATRICIA
1512 CAPE CORAL PKWY., #105
CAPE CORAL FL 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME CLARK, RAYMOND
STREET ADDRESS 1512 W. CAPE CORAL PKWY., #106
CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Delete

TITLE VPP
NAME ANN DILLON
STREET ADDRESS 1512 CAPE CORAL PKWY #101
CITY-ST-ZIP CAPE CORAL, FL 33914 ☐ Change ☒ Addition

TITLE VPD
NAME ROLDAN, MARIE
STREET ADDRESS 1512 CAPE CORAL PKY #101
CITY-ST-ZIP CAPE CORAL FL 33914 ☒ Delete

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

TITLE STD
NAME SIDERAVAGE, PATRICIA
STREET ADDRESS 1512 CAPE CORAL PARKWAY #105
CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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: PATRICIA SIDERAVAGE 3-21-01 (941) 542-4379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)