

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90053 035 \*\*\*\*61.25

**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**

**B0092065**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0114268**

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

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

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

TITLE **D** ☒ Delete  
 NAME **PETER, GEORGE**  
 STREET ADDRESS **1561 CORAL OAK LANE**  
 CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE ☐ Change ☒ Addition  
 NAME **William MacMillan**  
 STREET ADDRESS **1535 Coral Oak Ln**  
 CITY-ST-ZIP **VERO Beach, FL 32963**

TITLE **VD** ☒ Delete  
 NAME **MUSKULUS, JUERGEN**  
 STREET ADDRESS **1563 CORAL OAK ALNE**  
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE ☐ Change ☒ Addition  
 NAME **Cannon James Rasnick**  
 STREET ADDRESS **1500 Coral Oak Ln**  
 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 ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD** ☐ Delete  
 NAME **MORRISON, RICHARD**  
 STREET ADDRESS **1370 CORAL PARK LANE**  
 CITY-ST-ZIP **VERO BEACH FL 32963**

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

TITLE ☐ Delete  
 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ELLEN MELVIN  
 TREASURER**

**4-3-02**

Date

Daytime Phone #

CR2E037 (9/01)