

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90105 049 ****61.25

DOCUMENT # 723649

1. Entity Name

CURRAN SHORES SOUTH MANAGEMENT CORP.



Principal Place of Business

**3641 SOUTH ATLANTIC AVE
DAYTONA BEACH FL 32127**

32118

Mailing Address

**3641 SOUTH ATLANTIC AVE
DAYTONA BEACH FL 32127**

32118

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

POSTAL Dept changed the Zip code

4. FEI Number **59-1507396**

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

ROMBACH, LLOYD

3641 S ATLANTIC AVE

DAYTONA BEACH SHORES FL 32127 32118

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete
NAME **STINNETT, CARL**
STREET ADDRESS **3641 SOUTH ATLANTIC AVENUE**
CITY-ST-ZIP **DAYTONA BEACH SHORES FL 32118**

TITLE **#P** ☐ Change ☒ Addition
NAME **RICK L NICHOLS**
STREET ADDRESS **3641 SO ATLANTIC AVE**
CITY-ST-ZIP **DAYTONA BEACH SHORES FL 32118**

TITLE **D** ☐ Delete
NAME **SINGER, LESTER**
STREET ADDRESS **3641 S ATLANTIC AVE**
CITY-ST-ZIP **DAYTONA BEACH FL 32127 32118**

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

TITLE **TD** ☐ Delete
NAME **MCBEE, WILLIAM**
STREET ADDRESS **3641 S. ATLANTIC AVE.**
CITY-ST-ZIP **DAYTONA BEACH SHORES FL 32118**

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

TITLE **VD** ☐ Delete
NAME **WILLIAMS, LEE**
STREET ADDRESS **3641 S ATLANTIC AVE**
CITY-ST-ZIP **DAYTONA BEACH SHORES FL 32118**

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

TITLE **D** ☐ Delete
NAME **HORNE, MARGARET**
STREET ADDRESS **3641 S ATLANTIC AVE**
CITY-ST-ZIP **DAYTONA BCH SHORES FL 32118**

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

TITLE **PD** ☐ Delete
NAME **ROMBACH, LLOYD**
STREET ADDRESS **3641 S ATLANTIC AVE**
CITY-ST-ZIP **DAYTONA BCH SHORES FL 32118**

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: *Carl Stinnett*

2-8-03 (386) 726 9496

CR2E037 (10/02)