

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90206 020 ****61.25

DOCUMENT # 739414
 1. Entity Name
CORAL DEL RIO II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 4104 S.E. 18TH AVENUE CAPE CORAL FL 33904	Mailing Address % ERA-HERITAGE REALTY. INC. 4226 DEL PRADO BLVD. CAPE CORAL FL 33904-7168 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1743368	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PIERCE, LAMARIE
4226 DEL PRADO BLVD
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SNOW, MARTIN 1807 SE 41ST ST, #1-I CAPE CORAL FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS TOWNSHEND, CAROLYN 4104 SE 18TH AVE CAPE CORAL, FL 00000	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP O'BRIEN, EUGENE 4104 SE 18TH AVE CAPE CORAL, FL 00000	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHAEFFER, ALLAN 1731 SE 41 STR CAPE CORAL, FL 00000	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN W.J. 1807 SE 41ST ST. 2E CAPE CORAL, FL 00000	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: *Lamarie Pierce* **4-19-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CEP0097 10/00