

2001 UNIFORM BUSINESS REPORT (UBR)

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
US

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

59-1743368

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

PIERCE, LLAMARIE
4226 DEL PRADO BLVD
CAPE CORAL FL 33904

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 LLAMARIE PIERCE

4/6/01

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 ☒ Delete
NAME SD
STREET ADDRESS SNOW, MARTIN
CITY-ST-ZIP 1807 SE 41ST ST, #1-I
CAPE CORAL FL

TITLE ☒ Change ☐ Addition
NAME D Robert Reid
STREET ADDRESS 4104 SE 18th AVE. #2-C
CITY-ST-ZIP Cape Coral, Fl. 33904

TITLE ☐ Delete
NAME TS
STREET ADDRESS TOWNSHEND, CAROLYN
CITY-ST-ZIP 4104 SE 18TH AVE
CAPE CORAL, FL 00000

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

TITLE ☐ Delete
NAME DVP
STREET ADDRESS O'BRIEN, EUGENE
CITY-ST-ZIP 4104 SE 18TH AVE
CAPE CORAL, FL 00000

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

TITLE ☒ Delete
NAME DP
STREET ADDRESS SCHAEFFER, ALLAN
CITY-ST-ZIP 1731 SE 41 STR
CAPE CORAL, FL 00000

TITLE ☒ Change ☐ Addition
NAME PD August Trometer
STREET ADDRESS 4104 SE 18th Ave. #1-D
CITY-ST-ZIP Cape Coral, Fl. 33904

TITLE ☒ Delete
NAME D
STREET ADDRESS BROWN W.J.
CITY-ST-ZIP 1807 SE 41ST ST. 2E
CAPE CORAL, FL 00000

TITLE ☒ Change ☐ Addition
NAME D William Nichols
STREET ADDRESS 1807 SE 41st St. #1-G
CITY-ST-ZIP Cape Coral, Fl. 33904

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: AUGUST TROMETER

4/6/01

941-542-8712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0069466