

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740689

1. Entity Name

CORAL SHORES EAST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 7243
BRADENTON FL 34210

P O BOX 7243
BRADENTON FL 34210-0343

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

59-2052663

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

OSTIGUY, LEO E
4616 CORAL LAKE DR
BRADENTON FL 34210

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	VD	<input type="checkbox"/> Delete
NAME	TINDAL, DONALD	
STREET ADDRESS	4811 MANGROVE POINT RD	
CITY-ST-ZIP	BRADENTON FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NORGAARD, ORLAN	
STREET ADDRESS	4615 MANGROVE POINT RD	
CITY-ST-ZIP	BRADENTON FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	NORDELO TANIAM	
STREET ADDRESS	8916 44TH AVE W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	OSTIGUY, LEO E.	
STREET ADDRESS	4616 CORAL LAKE DR	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUIDAY, ETHEL	
STREET ADDRESS	4503 MANGROVE POINT RD	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWEENEY, GEORGE	
STREET ADDRESS	4908 CORAL LAKE DR	
CITY-ST-ZIP	BRADENTON FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONCALVES CHRIS	
STREET ADDRESS	4608 COALLA LANE DR.	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUIDRY ETHEL	
STREET ADDRESS	4503 MANGROVE POINT RD.	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer 4/12/00 941-792-2772

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)