2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 21, 2002 8:00 am
Secretary of State
03-06-2002 90111 035 ****61.25

DOCUMENT # 761988

1. Entity Name

COR-MARIE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2510 SE 16TH PL #104 CAPE CORAL FL 33904 US	2510 SE 16TH PL #104 CAPE CORAL FL 33904 US

24031

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: Unit 101	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-6783949 ☐ 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
JOHNNIE ~~JOHNNIE~~, KATHRYN 2510 SE 16TH PL #101 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: Kathryn Johnnie — 2/24/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ADKINS, SHIRLEY 2510 SE 16TH PLACE #104 CAPE CORAL FL 33904	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President D Adkins, Shirley 2510 SE 16th Place #104 Cape Coral FL 33904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CUE, GARY 2317 SE 27TH TERR CAPE CORAL FL 33904	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President D Shirley Brown 2510 SE 16th Place #105 Cape Coral FL 33904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BROWN, SHIRLEY 2510 SE 16TH PLACE #105 CAPE CORAL FL 33904	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer T Richard Volk 2510 SE 16th Place Cape Coral FL 33904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ADKINS, SHIRLEY 2510 SE 16TH PLACE #104 CAPE CORAL FL 33904	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Kathryn Johnnie Manager — 2/24/02 — 941-540-4441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #