

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

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90012 039 ****61.25

DOCUMENT # 763098

1. Entity Name

CASA CAPRONA OWNERS ASSOCIATION, INC.



Principal Place of Business

**2605 ST LUCIE BLVD
#4
FORT PIERCE FL 34946
US**

Mailing Address

**2605 ST LUCIE BLVD
#4
FORT PIERCE FL 34946
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 **59-2239241**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CAMP, PHILIP L
2605 ST LUCIE BLVD
#4
FT PIERCE FL 34946**

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. 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NAPOLI, JUDY	
STREET ADDRESS	2605 ST LUCIE BLVD. #3	
CITY-ST-ZIP	FT. PIERCE FL 34946	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	VARN, MYRON	
STREET ADDRESS	2605 ST LUCIE BLVD. #22	
CITY-ST-ZIP	FT PIERCE FL 34946	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CAMP, PHILLIP	
STREET ADDRESS	2605 ST LUCIE BLVD. #4	
CITY-ST-ZIP	FORT PIERCE FL 34946	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN GALILEO	
STREET ADDRESS	2605 ST LUCIE BLVD #23	
CITY-ST-ZIP	FT PIERCE FL 34946	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANITA PRENTICE	
STREET ADDRESS	2605 ST LUCIE BLVD #1	
CITY-ST-ZIP	FT PIERCE FL 34946	
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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Philip L Camp **PHILIP L CAMP** STD 1/02/03 772-466-3122

CR2E037 (10/02)