

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90274 024 ****61.25

DOCUMENT # 771081

1. Entity Name

CORAL BREEZE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

615 CAPE CORAL PKWY
 102
 CAPE CORAL FL 33914
 US

615 CAPE CORAL PKWY W
 102
 CAPE CORAL FL 33914-6569
 US

2. Principal Place of Business

3. Mailing Address

506 S.W. 47th Terrace

506 S.W. 47th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Cape Coral, Florida

Cape Coral, Florida

City & State

City & State

4. FEI Number

59-2529504

Applied For
 Not Applicable

Zip 33914

Country USA

Zip 33914

Country USA

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

ZUNINO, AUGUST
 615 CAPE CORAL PKWY W
 102
 CAPE CORAL FL 33914

Name August Zunino
 Street Address (P.O. Box Number is Not Acceptable) Century 21 Sunbelt Realty
 506 S.W. 47th Terrace
 City Cape Coral, FL Zip Code 33914

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 NAME	TRSD ERICKSON, TORY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4616 SE 6TH AVE., STE. 102	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE NAME	D MACLEAN, JAMES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4616 SE 6TH AVE #201	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE NAME	PD MUELLER, DENISE	<input type="checkbox"/> Delete
STREET ADDRESS	4616 SE 6TH AVE STE 104	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE NAME	D KING, JANE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4616 SW 6TH AVE, 103	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	SD ERICKSON, Tory	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4616 S.E. 6th Ave. STE 102	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE NAME	VPD Maclean, James	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4616 S.E. 6th Ave. #201	
CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE NAME	TD King, Jane	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4616 S.W. 6th Ave. #103	
CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Denise Mueller* *cf-28-00* *9X1 542-5769*



DO NOT WRITE IN THIS SPACE