

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

DOCUMENT # NO1000006675

1. Entity Name

CONCERNED OWNERS AT Silver BEACH Club

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3 Parkside Way
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

Ormond Bch. FL.

City & State

4. FEI Number

59-374-5892

Applied For

Not Applicable

Zip

32174

Country

USA

Zip

32174

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Spiegel + Utrera PA

Street Address (P.O. Box Number is Not Acceptable)

343 Almeria Ave

City

Coral Gables

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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

TITLE PRESIDENT/D
NAME Nancy K. Benoit
STREET ADDRESS 3 PARKSIDE WAY
CITY-ST-ZIP ORMOND BEACH FL. 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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-06/04/02--01061--008
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TITLE SECRETARY/D
NAME Joseph Amrhein
STREET ADDRESS 3 PARKSIDE WAY
CITY-ST-ZIP Ormond Beach FL. 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Treasurer/D
NAME Diane Morgan
STREET ADDRESS 3 Parkside way
CITY-ST-ZIP Ormond Beach FL. 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/02 386-673-9797

Date

Daytime Phone #

CR2E037B(12/01)