## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED May 17, 2000 8:00 am Secretary of State **DOCUMENT # NO1466** 1. Entity Name COCOA BAY PROPERTY OWNERS' ASSOCIATION, INC. 05-17-2000 90968 043 \*\*\*\*61.25 Mailing Address Principal Place of Business 1609 COCOA BAY BLVD. 1609 COCOA BAY BLVD. COCOA FL 32926-4702 COCOA FL 32926 Mailing Address 2. Principal Place of Business 340 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3272519 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired usa Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name harlie حد . -Kane Street Address (P.O. Box Number is Not Acceptable) WINCHESTER, TINA B 1614 RIDGE DRIVE COCOA FL 32926 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE 🖬 Delete TITLE President NAME Anna Glenn 1621 Coppa Bay Blued NAME KITCHENS, CARLTON STREET ADDRESS STREET ADDRESS 1609 COCOA BAY BLVD. CITY-ST-ZIF CITY-ST-ZIP COCOA FL 32926 XL Change Addition 📿 Delete TITI F TITLE NAME NAME BEUER, SUSAN 1 1617 COCOA Bay Blvd. STREET ADDRESS STREET ADDRESS 1617 RIDGE DRIVE CITY-ST-ZIE CITY-ST-ZIP COCOA FL 32926 🔽 Change 💹 🔲 Addition TITLE Delete TITLE NAME NAME BEUER, TODD STREET ADDRESS OF Ridge Dr. STREET ADDRESS 1617 RIDGE DRIVE CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32926 ☐ Change ☐ Addition ☐ Delete TITLE DST TITLE WINCHESTER, TINA NAME STREET ADDRESS STREET ADDRESS 1614 RIDGE DR City-ST-ZIP CITY-ST-ZIP **COCOA FL 32926** Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.