## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 09, 2001 8:00 am - Secretary of State DOCUMENT # NO1466 COCOA BAY PROPERTY OWNERS' ASSOCIATION, INC. 04-09-2001 90004 027 \*\*\*\*61.25 Principal Place of Business Mailing Address 5340 N ATLANTIC AVE 1609 COCOA BAY BLVD. COCOA BEACH FL 32931 COCOA FL 32926 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Cooling Ave Applied For 4. FEI Number City & State 59-3272519 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is not Acceptable) KANE, CHARLIE 5340 N ATLANTIC AVE COCOA BEACH FL 32931 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 Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Department of State Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition TITLE DP Delete TITLE KITCHENS, CARLTON NAME Anna Glenn NAME 1609 COCOA BAY BLVD. STREET ADDRESS STREET ADDRESS 1621 Colon Bay BIVE. Colon, CITY-ST-ZIP **COCOA FL 32926** CITY-ST-ZIP Mil Addition Delete TITLE Jim Shank BEUER, SUSAN NAME NAME STREET ADDRESS 1617 RIDGE DRIVE STREET ADDRESS 1617 Colon Bay Blue CITY-ST-ZIP **COCOA FL 32926** CITY-ST-ZIP \_\_\_\_.Change \_\_\_\_ Addition... Delete TITLE David Work man TITLE BEUER, TODD NAME NAME 1826 Colon Bay Birth. Colon, Florida 32926 STREET ADDRESS 1617 RIDGE DRIVE STREET ADDRESS CITY-ST-ZIP **COCOA FL 32926** CITY-ST-ZIP ☐ Addition Delete TITLE WINCHESTER, TINA NAME NAME 1614 RIDGE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **COCOA FL 32926** CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS 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 is changed, or on an attachment with an address, with all other like empowered. ils report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE

CITY-ST-ZIP

Date

Daytime Phone #