2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04766

CANAL PLACE PHASE II CONDOMINIUM ASSOCIATION, IN

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

Principal Place of Business 445 GULF SHORE DRIVE DESTIN FL 32541

2. Principal Place of Business

COFFIELD, COLLEEN P 1719 S COUNTY HWY 393 127 HIGHWAY 98 EAST., 3A

32459 ROSA BEACH FL 32541

FILE NOW:

FEE IS \$61.25

KOCHERA, SHARON

4161 LOIRE DRIVE

KENNER LA 70065

DESTIN FL 32541

DESTIN FL 32541

KOCHERA, JOHN

4161 LOIRE DRIVE

KENNER LA 70065

KONIG, GRETCHEN

DESTIN FL 32541

202 SIBERT

COLEMAN, SHARON

SHELDON, RICHARD DR.

223 DURANGO ROAD., #5B

223 DURANGO ROAD., #58

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

10.

TITLE

NAME

TITLE

NAME

TITLE

TITLE

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

9. Election Campaign Financing

11.

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

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CITY-ST-ZIP

Trust Fund Contribution.

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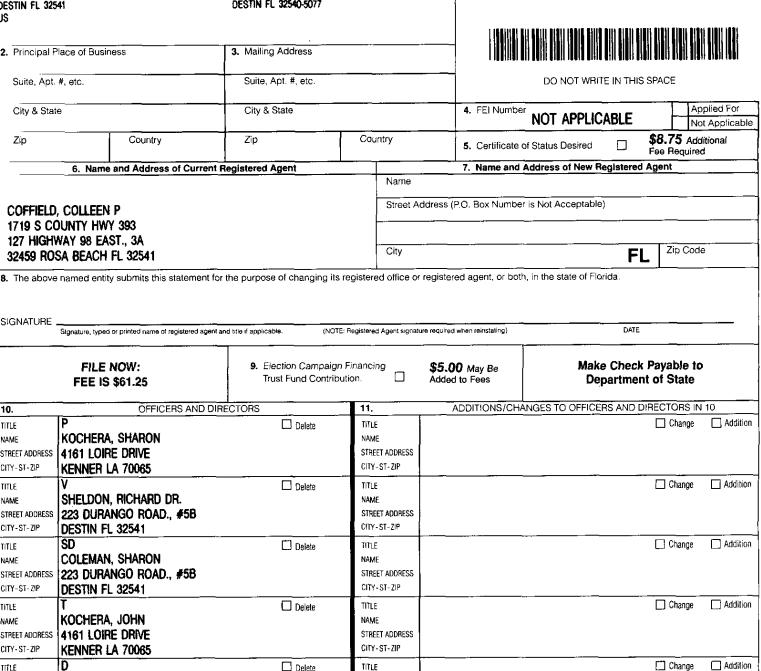
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Country

P.O. BOX 5077 **DESTIN FL 32540-5077**

FILED Aug 03, 2000 8:00 am Secretary of State

08-03-2000 90038 046 ****61.25



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 of the 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 of the true 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 of the true 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 of the true 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 of the true 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 of the true 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 of the true and true and true and the true and changed, or on an attachment wit ss, with all other like empowered.

SIGNATURE:

Theasurea

7/2/00

504-469-9941

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Addition