

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 20, 2003 8:00 am**  
**Secretary of State**

05-20-2003 90068 020 \*\*\*\*61.25

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**DOCUMENT # N04766**

1. Entity Name  
**CANAL PLACE PHASE II CONDOMINIUM ASSOCIATION, IN C.**



Principal Place of Business      Mailing Address

**445 GULF SHORE DRIVE  
DESTIN FL 32541  
US**

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

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **NOT APPLICABLE**

Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**COFFIELD, COLLEEN P  
1719 S COUNTY HWY 393  
127 HIGHWAY 98 EAST., 3A  
32459 ROSA BEACH FL 32541**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KOCHERA, SHARON</b>
STREET ADDRESS	<b>4161 LOIRE DRIVE</b>
CITY-ST-ZIP	<b>KENNER LA 70065</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>SHELDON, RICHARD DR.</b>
STREET ADDRESS	<b>223 DURANGO ROAD., #5B</b>
CITY-ST-ZIP	<b>DESTIN FL 32541</b>
TITLE	<b>SD</b> <input type="checkbox"/> Delete
NAME	<b>SHELDON, SHARON</b>
STREET ADDRESS	<b>223 DURANGO ROAD., #5B</b>
CITY-ST-ZIP	<b>DESTIN FL 32541</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>KOCHERA, JOHN</b>
STREET ADDRESS	<b>4161 LOIRE DRIVE</b>
CITY-ST-ZIP	<b>KENNER LA 70065</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>WINDES, EVAN</b>
STREET ADDRESS	<b>445 GULF SHORE #101</b>
CITY-ST-ZIP	<b>DESTIN FL 32541</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DIRECTOR</b>
STREET ADDRESS	<b>John Thomas</b>
CITY-ST-ZIP	<b>P.O. Box 5291 DESTIN FL 32540</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: *John Kochera*      DATE: 5/19/03 (504) 382-5262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CP2E037 (10/02)