

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90219 013 \*\*\*\*61.25

**DOCUMENT # N31182**

1. Entity Name

**CORAL BAY AT BOCA CHASE HOMEOWNERS ASSOCIATION.**

Principal Place of Business

Mailing Address

C/O C.A.M.S.  
 314 N.E. 3RD STREET  
 BOYNTON BEACH FL 33435  
 US

C/O C.A.M.S.  
 314 N.E. 3RD STREET  
 BOYNTON BEACH FL 33435-3892  
 US

**80043488**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0152323**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ST. JOHN, DICKER, CAPLAN, KRIVCK & CORE, P.A.**  
**500 AUSTRALIAN AVE. SOUTH SUITE 600**  
**WEST PALM BEACH FL 33401**

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.

SIGNATURE

*Vincent Cannatella as President*

**3/3/2000**

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

(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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	VINCENT CANNATELLA	
STREET ADDRESS	18058 CLEARBROOK CIR	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EDWARD MOTTOLA	
STREET ADDRESS	18281 FRESH LAKEWAY	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GALLAGHER, GERRY	
STREET ADDRESS	18050 CLEARBROOK CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DONATO, SHERYL	
STREET ADDRESS	18042 CLEARBROOK CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALTZMAN, HOWARD	
STREET ADDRESS	18067 CLEARBROOK CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARDEN, SANDRA	
STREET ADDRESS	18102 CLEARBROOK CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33498	

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 type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)