

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002088

1. Entity Name

CASA DI RAY CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90021 005 ****61.25

Principal Place of Business

4300 S. OCEAN BLVD.
HIGHLAND BEACH FL

Mailing Address

4300 S. OCEAN BLVD.
HIGHLAND BEACH FL

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

65-0582854

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

MASCIARELLA, LORETTA B
4300 S. OCEAN BLVD.
APT. 1
HIGHLAND BEACH FL 33487

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

Loretta B. Masciarella

Loretta B. Masciarella

3-20-01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
MASCIARELLA, LORETTA B
4300 S. OCEAN BLVD., APT. 1
HIGHLAND BEACH FL 33487 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MASCIARELLA II, RAYMOND M.
840 US HIGHWAY ONE, SUITE 340
NORTH PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MASCIARELLA, ANDREW
840 US HIGHWAY ONE, SUITE 340
NORTH PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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:

Loretta B. Masciarella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Loretta B. Masciarella

Date

Daytime Phone #

CR2E037 (10/00)