

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000001656**

1. Entity Name

CARDINAL WOODS NEIGHBORHOOD ASSOCIATION, INC.**FILED**
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90189 048 ****61.25

Principal Place of Business

439 ADDISON AVE NE
PALM BAY FL 32907
US

Mailing Address

439 ADDISON AVE., NE
PALM BAY FL 32907-2430

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

59-3292115

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WILLIAMS, ROBERT L
439 ADDISON AVE. NE
PALM BAY FL 32907

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.

SIGNATURE

ROBERT L. WILLIAMS

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-2000

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME LOGUE, TINA
STREET ADDRESS 320 NEWELL RD., NE
CITY-ST-ZIP PALM BAY FL 32907TITLE ~~TD~~ ☒ Delete
NAME ~~WHITE, DIANE~~
STREET ADDRESS ~~1740 APACHE ST., NE~~
CITY-ST-ZIP ~~PALM BAY FL 32907~~TITLE SD ☐ Delete
NAME CASABIANCA, CATHERINE
STREET ADDRESS 266 HARVEY AVE., NE
CITY-ST-ZIP PALM BAY FL 32907TITLE PD ☐ Delete
NAME WILLIAMS, ROBERT L
STREET ADDRESS 439 ADDISON AVE., NE
CITY-ST-ZIP PALM BAY FL 32907TITLE VPD ☐ Delete
NAME LOGUE, TINA M
STREET ADDRESS 320 NEWELL RD., NE
CITY-ST-ZIP PALM BAY FL 32907TITLE TD ☐ Delete
NAME CONNOLLY, VICKY
STREET ADDRESS 2385 FALLON BLVD NE
CITY-ST-ZIP PALM BAY FL 32907

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: CATHERINE CASABIANCA CATHERINE CASABIANCA 1/6/00 (321) 729-3109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)