

2000 UNIFORM BUSINESS REPORT (UBR)

5/18/01

FILED
Jul 07, 2000 8:00 am
Secretary of State

05-18-2000 90379 003 ****70.00

DOCUMENT # N99000006830

Entity Name

COASTAL VIEW HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

BAY COLONY DRIVE SOUTH
 BEACH FL 33408

Mailing Address

1014 BAY COLONY DRIVE SOUTH
 JUNO BEACH FL 33408-2103

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

VRBANEC, STEPHAN R
 1014 BAY COLONY DRIVE SOUTH
 JUNO BEACH FL 33408

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

FILE NAME STREET ADDRESS CITY-ST-ZIP	PTD VRBANEC, STEPHAN R 1014 BAY COLONY DRIVE SOUTH JUNO BEACH FL 33408	<input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP	VSD BLUEMKE, DUANE 14245 PROVIDENCE LANE BROOKFIELD WI 53005	<input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP	D Stefanich, James 1015 Bay Colony Dr. S. Juno Beach, FL 33408	<input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 817, 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 fees empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)