

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008787

Entity Name: MURANO HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2475 SW MURANO PLACE
PALM CITY, FL 34990

Current Mailing Address:

C/O COASTAL COMMUNITY MANAGEMENT
909 SE CENTRAL PARKWAY
STUART, FL 34994 US

FEI Number: 87-0786473

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF
C/O BECKER & POLIAKOFF
759 SW FEDERAL HIGHWAY SUITE 213
STUART, FL 34994 US

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: JANE CORNETT

05/10/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name YONTA, SALVATORE
Address C/O COASTAL COMMUNITY MGT
 909 SE CENTRAL PARKWAY
City-State-Zip: STUART FL 34994

Title SECRETARY
Name PIRE, SARAH
Address C/O COASTAL COMMUNITY MGT.
 909 SE CENTRAL PARKWAY
City-State-Zip: STUART FL 34994

Title TREASURER
Name HIATT, MICHAEL
Address C/O COASTAL COMMUNITY MGT
 909 SE CENTRAL PARKWAY
City-State-Zip: STUART FL 34994

Title VP
Name UQUILLAS, CARLOS
Address C/O COASTAL COMMUNITY MGT.
 909 SE CENTRAL PARKWAY
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name ROBB, KATHRYN
Address C/O COASTAL COMMUNITY MGT
 909 SE CENTRAL PARKWAY
City-State-Zip: STUART FL 34994

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SALVATORE YONTA

PRESIDENT

05/10/2021

Electronic Signature of Signing Officer/Director Detail

Date