

**2024 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

**FILED**  
**Apr 02, 2024**  
**Secretary of State**  
**9634029328CC**

**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**

**04/02/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            YONTA, SALVATORE  
Address        C/O COASTAL CAM SERVICES, INC.  
                  909 SE CENTRAL PARKWAY  
City-State-Zip: STUART FL 34994

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

Title            TREASURER  
Name            BARBATO, GREGG  
Address        C/O COASTAL CAM SERVICES, INC.  
                  909 SE CENTRAL PARKWAY  
City-State-Zip: STUART FL 34994

Title            DIRECTOR  
Name            UQUILLAS, CARLOS  
Address        C/O COASTAL CAM SERVICES, INC.  
                  909 SE CENTRAL PARKWAY  
City-State-Zip: STUART FL 34994

Title            VP  
Name            ROBB, KATHRYN  
Address        C/O COASTAL CAM SERVICES, INC.  
                  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**

**04/02/2024**

Electronic Signature of Signing Officer/Director Detail

Date