

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90086 006 \*\*\*\*61.25

**DOCUMENT # 729814**

1. Entity Name

**CENTER COURT CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O BENCHMARK PROPERTY MANAGEMENT  
 7932 WILES ROAD  
 CORAL SPRINGS FL 33067

C/O BENCHMARK PROPERTY MANAGEMENT  
 7932 WILES ROAD  
 CORAL SPRINGS FL 33067-2071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2290680**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KAYE & ROGER, P.A.,**  
**6261 NW 6TH WAY**  
**SUITE 103**  
**FT. LAUDERDALE FL 33309**

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

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: **P**  Delete  
 NAME: **MATTHEW, ORGAN**  
 STREET ADDRESS: **3258 N W 88TH AVE #B406**  
 CITY-ST-ZIP: **SUNRISE FL 33351**

TITLE: **Dir-Ires**  Change  Addition  
 NAME: **Burgess, Steven**  
 STREET ADDRESS: **3212 NW 88 Ave**  
 CITY-ST-ZIP: **Sunrise, FL 33351**

TITLE: **SD**  Delete  
 NAME: **BASIL NOBLE**  
 STREET ADDRESS: **3142 NW 88TH AVE #C207**  
 CITY-ST-ZIP: **SUNRISE FL 33351**

TITLE: **Dir**  Change  Addition  
 NAME: **Kandell, Milton**  
 STREET ADDRESS: **3154 NW 8 8 Ave**  
 CITY-ST-ZIP: **Sunrise, FL 33351**

TITLE: **V**  Delete  
 NAME: **MOORE, DIANA**  
 STREET ADDRESS: **3220 NW 88TH AVE #C302**  
 CITY-ST-ZIP: **SUNRISE FL 33351**

TITLE: **Dir-VP**  Change  Addition  
 NAME: **DeSola, Fermin**  
 STREET ADDRESS: **3150 NW 88 Ave**  
 CITY-ST-ZIP: **Sunrise, FL 33351**

TITLE: **TD**  Delete  
 NAME: **STEVEN BURGESS**  
 STREET ADDRESS: **3212 NW 88TH AVE #A603**  
 CITY-ST-ZIP: **SUNRISE FL 33351**

TITLE: **Dir**  Change  Addition  
 NAME: **Capuano, Robert**  
 STREET ADDRESS: **3202 NW 88 Ave**  
 CITY-ST-ZIP: **Sunrise, FL 33351**

TITLE: **D**  Delete  
 NAME: **FERMIN DESOLA**  
 STREET ADDRESS: **3150 NW 88TH AVE #B203**  
 CITY-ST-ZIP: **SUNRISE FL 33351**

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

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

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

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:

*Matthew Organ*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-344-5353

3/29/00

Date

Daytime Phone #

CR2E037 (9/99)