

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731433

1. Entity Name

ARAGON CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90325 025 ****61.25

Principal Place of Business

Mailing Address

2531 ARAGON BLVD.
SUNRISE FL 33322

2531 ARAGON BLVD.
SUNRISE FL 33322



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1667318

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

SCHNAITMAN, TRACY S
2531 ARAGON BLVD
SUNRISE FL 33322

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 fee, 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 NAME STREET ADDRESS CITY-ST-ZIP	TD KLEIN, A. J 2471 ARAGON BLVD. SUNRISE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MINKOFF, JEANETTE 2571 ARAGON BLVD SUNRISE FL 33322	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALTER, RUTH 2541 ARAGON BLVD SUNRISE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERTEL, HARRY 2551 ARAGON BLVD SUNRISE FL 33322	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KUSNITZ, MARTY 2551 ARAGON BLVD SUNRISE FL 33322	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)