

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2003 8:00 am
Secretary of State

04-29-2003 90053 037 ****61.25

DOCUMENT # 731433

1. Entity Name

ARAGON CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**2531 ARAGON BLVD.
SUNRISE FL 33322**

Mailing Address

**2531 ARAGON BLVD.
SUNRISE FL 33322**

55048039

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1667318**

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD**
NAME **KLEIN, A. J**
STREET ADDRESS **2471 ARAGON BLVD.**
CITY-ST-ZIP **SUNRISE FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VP, D**
NAME **MINKOFF, JEANETTE**
STREET ADDRESS **2571 ARAGON BLVD**
CITY-ST-ZIP **SUNRISE FL 33322**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **SD**
NAME **ALTER, RUTH**
STREET ADDRESS **2541 ARAGON BLVD**
CITY-ST-ZIP **SUNRISE FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **PD**
NAME **KUSNITZ, MARTY**
STREET ADDRESS **2551 ARAGON BLVD**
CITY-ST-ZIP **SUNRISE FL 33322**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 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:

Jeannette Minkoff, Pres.

4/25/03

954-748-6182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone *

CR2E037 (10/02)