

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90159 018 ****61.25

0019452

DOCUMENT # 733379

1. Entity Name

COUNTRY CLUB TOWER OF CORAL SPRINGS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10777 W. SAMPLE RD.
 CORAL SPRINGS FL 33065

10777 W. SAMPLE RD.
 CORAL SPRINGS FL 33065

B0024983



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

59-1579150

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

MASON, DANIEL J MD
COUNTRY CLUB TOWER OF CORAL SPRINGS ASSOC.
10777 W. SAMPLE RD
CORAL SPRINGS FL 33065

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

[Handwritten Signature]

Signature (typed) or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-29-02

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	PD	<input type="checkbox"/> Delete
NAME	MASON, DR. DANIEL J	
STREET ADDRESS	10777 W SAMPLE RD	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCDONNELL, JOHN	
STREET ADDRESS	10777 W SAMPLE RD	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D	<input type="checkbox"/> Delete
NAME	IZONE, DOROTHY	
STREET ADDRESS	10777 W SAMPLE RD	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARDUCCI, ANGELA	
STREET ADDRESS	10777 W. SAMPLE RD	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	ML	<input type="checkbox"/> Delete
NAME	GUELICH, HORST	
STREET ADDRESS	10777 W SAMPLE RD	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *ANGELA CARDUCCI*
 ANGELA CARDUCCI, Treasurer 1-29-02 954-752-3750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E037 (9/01)