

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90237 036 ****61.25

0019185

DOCUMENT # 733601
 1. Entity Name
CONTINENTAL VILLAGE CONDOMINIUM ASSOCIATION INC.

| | |
|---|---|
| Principal Place of Business 1402 N.W. 80TH AVE. APT. 504 MARGATE FL 33063 | Mailing Address 1402 N.W. 80TH AVE. APT. 504 MARGATE FL 33063 |
|---|---|

| | |
|--|--|
| 2. Principal Place of Business Suite, Apt. #, etc. APT 111 | 3. Mailing Address Suite, Apt. #, etc. APT 111 |
|--|--|

| | | | |
|--------------|--------------|------------------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number 59-1605902 | Applied For Not Applicable |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
WEINER, MURRAY
 1402 NW 80 AVE
 MARGATE FL 33063

7. Name and Address of New Registered Agent
 Name **JOHN ILLINGWORTH**
 Street Address (P.O. Box Number is Not Acceptable)
1402 N.W. 80TH AVE
APT 208
 City **MARGATE** FL Zip Code **33063**

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 **JOHN ILLINGWORTH, PRESIDENT** *John Illingworth* DATE **3/29/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE) Registered Agent signature required when reinstating.

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

| | | |
|----------------|------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | COHEN, RUBEN | |
| STREET ADDRESS | 1402 NW 80TH AVE #408 | |
| CITY-ST-ZIP | MARGATE FL 33063 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | LICHTENSTEIN, LOUIS | |
| STREET ADDRESS | 1402 NW 80TH AVE | |
| CITY-ST-ZIP | MARGATE FL 33063 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | KENNEY, GEORGE | |
| STREET ADDRESS | 1402 NW 80TH AVE #512 | |
| CITY-ST-ZIP | MARGATE FL 33063 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | BUDNICK, EDMUND | |
| STREET ADDRESS | 1402 NW 80 AVE #406 | |
| CITY-ST-ZIP | MARGATE FL 33063 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | WEINER, MURRAY | |
| STREET ADDRESS | 1402 NW 80TH AVE # 504 | |
| CITY-ST-ZIP | MARGATE FL 33063 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JOHN ILLINGWORTH | |
| STREET ADDRESS | 1402 NW 80TH AVE # 208 | |
| CITY-ST-ZIP | MARGATE, FL 33063 | |
| TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MRS. BARBARA SINCLAIR | |
| STREET ADDRESS | 1402 NW 80TH AVE #108 | |
| CITY-ST-ZIP | MARGATE, FL 33063 | |
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GEORGE KEENEY | |
| STREET ADDRESS | 1402 NW 80TH AVE #512 | |
| CITY-ST-ZIP | MARGATE, FL 33063 | |
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | EDMUND J. BUDNIK | |
| STREET ADDRESS | 1402 NW 80TH AVE #406 | |
| CITY-ST-ZIP | MARGATE, FL 33063 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WILLIAM MASIELLO | |
| STREET ADDRESS | 1402 NW 80TH AVE #412 | |
| CITY-ST-ZIP | MARGATE FL 33063 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MURRAY WEINER | |
| STREET ADDRESS | 1402 NW 80TH AVE #504 | |
| CITY-ST-ZIP | MARGATE FL 33063 | |

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: *John Illingworth* **3/29/02**

CR2E037 (9/01)

attachment # 733601 / 021914

ITEM # 11 CONTINUED

D

LOUIS LICHTENSTEIN
1412 N/W 80TH AVE # 304
MARGATE, FL 33063