

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90163 012 ****61.25

DOCUMENT # 751203

1. Entity Name

CORAL GARDENS II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**2820 RIVERSIDER DRIVE #208
 CORAL SPRINGS FL 33065**

Mailing Address

**2820 RIVERSIDER DRIVE #208
 CORAL SPRINGS FL 33065**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2096569

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SULLIVAN, KAREN M ESQ
 100 W. CYPRESS CREEK RD., STE 910
 FT. LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

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 **PD** Delete
 NAME **DAWSON, WILLIAM**
 STREET ADDRESS **2810 RIVERSIDE #105**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **PD** Change Addition
 NAME **NANCY FISHER**
 STREET ADDRESS **156 N.W. 79th TERRACE**
 CITY-ST-ZIP **MARGATE, FL 33063**

TITLE **VD** Delete
 NAME **FISHER, NANCY**
 STREET ADDRESS **2830 RIVERSIDE DRIVE #101**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **VD** Change Addition
 NAME **RICHARD RUIZ**
 STREET ADDRESS **2800 RIVERSIDE DRIVE, #103**
 CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE **TD** Delete
 NAME **WAGENER, FLORENCE**
 STREET ADDRESS **2820 RIVERSIDE DRIVE #204**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SHILLING, PAULINE**
 STREET ADDRESS **2830 RIVERSIDE DRIVE #104**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **MAYORGA, SARA**
 STREET ADDRESS **2705 NORTHWEST 83RD TERRACE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

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

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:

Florence Wagener
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORENCE WAGENER, TREAS. 4-16-02 954-755-9065

Date

Daytime Phone #

CR2E037 (9/01)