

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

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90322 029 ****61.25

DOCUMENT # 756220

1. Entity Name

CORAL PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**% J & L PROPERTY MANAGEMENT, INC.
10191 WEST SAMPLE ROAD, #203
CORAL SPRINGS FL 33065**

Mailing Address

**% J & L PROPERTY MANAGEMENT, INC.
10191 WEST SAMPLE ROAD, #203
CORAL SPRINGS FL 33065**

22001722



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2151219**

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

**LEVIN, PA C
COURTYARD BUSINESS CENTER
10226 NW 47TH STREET
SUNRISE FL 33351**

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 **PD** ☐ Delete
NAME **WOLF, GRACE**
STREET ADDRESS **3017 RIVERSIDE DR**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Change ☒ Addition
NAME **D Rina Perez**
STREET ADDRESS **2993 RIVERSIDE DR**
CITY-ST-ZIP **Coral Springs FL 33065**

TITLE **D** ☐ Delete
NAME **DIAZ, ANGEL**
STREET ADDRESS **2949 RIVERSIDE DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

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

TITLE **D** ☒ Delete
NAME **GRANDENETTI, MIKE**
STREET ADDRESS **3043 RIVERSIDE DRIVE**
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
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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: **SIGNATURE REQUIRED**

CR2E037 (10/02)