

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

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90962 022 \*\*\*\*61.25

DOCUMENT # **762617**

1. Entity Name

Country Condominium Association, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

7932 Wiles Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Coral Springs, FL

City & State

Coral Springs, FL

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Robt. Kave & Associates, Inc.

Street Address (P.O. Box Number is Not Acceptable)

6261 NW 6 Way Suite 103

City

Fort Lauderdale

FL

Zip Code

33309

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

*Robert Kave President*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-21-03

**FEE IS \$61.25**

Initial or Amended UBR

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**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	Director-President Kotler-Masson, Vivian 3200 NW 102 Terrace Coral Springs, FL 33077
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Director-Sec Rahmani, Iraj 9055 NW 52 Ct Coral Springs, FL 33067
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Director-VP Sartell, Lillian 3282 NW 102 Terr Coral Springs, FL 33077
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Director- Treasurer Suarez, Lewis P O Box 772442 Coral Springs, FL 33077
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Vivian Masson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/03

CR2E037B (12/02)