

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2001 8:00 am
Secretary of State

05-15-2001 90079 045 ****61.25

DOCUMENT # 769695

1. Entity Name

CARDINAL PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

9164 N.W. 40TH STREET
CORAL SPRINGS FL 33065
US

Mailing Address

9164 N.W. 40TH STREET
CORAL SPRINGS FL 33065
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2502034

Applied For

Not Applicable

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

BREWER, PAUL
9164 NW 40TH ST
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPPD
BREWER, PAUL
9164 NW 40 ST
CORAL SPRINGS FL 33065☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPSD
ROBERTSON, MARGARET
9158 NW 40 ST
CORAL SPRINGS FL 33065☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTD
HALE, PATTI
9180 NW 40TH STREET
CORAL SPRINGS FL 33065☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPDirector
Hale, Patti
5260 Eagle Cay Way
Coconut Creek, FL 33073☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)