

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

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90043 030 \*\*\*\*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

9365 W SAMPLE ROAD

3. Mailing Address

P.O. BOX 8506

Suite, Apt. #, etc.

#203

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33065

Country

Zip

33075

Country

4. FEI Number **59-2502034**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BREWER, PAUL**  
9164 NW 40TH ST  
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

~~ANNE SAATHOFF~~

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

C/O CONDO MANAGEMENT ALTERNATIVE

9365 W. SAMPLE ROAD #203

City

CORAL SPRINGS

FL

Zip Code

33065

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

*Anne Saathoff*

ANNE SAATHOFF

3/31/03

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BREWER, PAUL	
STREET ADDRESS	9164 NW 40 ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROBERTSON, MARGARET	
STREET ADDRESS	9158 NW 40 ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	VASQUEZ, LOUIS	
STREET ADDRESS	9110 NW 40TH STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VASQUEZ, LOUIS	
STREET ADDRESS	P.O. BOX 8506	
CITY-ST-ZIP	CORAL SPRINGS, FL 33075	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THORNE, HEIDI	
STREET ADDRESS	P.O. BOX 8506	
CITY-ST-ZIP	CORAL SPRINGS, FL 33075	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALTENBERG SEAN	
STREET ADDRESS	P.O. BOX 8506	
CITY-ST-ZIP	CORAL SPRINGS, FL 33075	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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* LOUIS VASQUEZ

3/20/03

954-752-4796

CR2E037 (10/02)