

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90081 041 ****61.25

DOCUMENT #

N 25707

1. Corporation Name

CORAL SUN TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

c/o Benchmark Property Management
7932 Wiles Road
Coral Springs, FL 33067

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

January, 1989

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0075842

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Consolidated, Esquire
Consolidated Community Management
7686 Wiles Road Suite 103
Coral Springs, FL 33067

81 Name

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

6261 NW 6 Way Suite 103

83 Fort Lauderdale, FL 33309

84 City

Fort Lauderdale

FL

85 Zip Code

33309

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

3/19/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE P -Dir ☐ Change ☒ Addition
1.2 NAME Stephanie Wroble
1.3 STREET ADDRESS 4991 Riverside Drive #4991
1.4 CITY-ST-ZIP Coral Springs, FL 33067

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE T -Dir ☐ Change ☒ Addition
2.2 NAME Yvonne Biondo
2.3 STREET ADDRESS 4937 Riverside Drive #4937
2.4 CITY-ST-ZIP Coral Springs, FL 33067

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE VP Dir ☐ Change ☒ Addition
3.2 NAME Stuart Gerrish
3.3 STREET ADDRESS 4911 Riverside Drive #4911
3.4 CITY-ST-ZIP Coral Springs, FL 33067

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE S-Dir ☐ Change ☒ Addition
4.2 NAME Cathi Collin
4.3 STREET ADDRESS 4943 Riverside Drive #4943
4.4 CITY-ST-ZIP Coral Springs, FL 33067

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Stephanie B. Wroble

3/19/99

Date

954-344-5353

Daytime Phone #

CR2E037 (1/98)