

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90008 037 \*\*\*\*61.25

**DOCUMENT # N25707**

1. Entity Name

**CORAL SUN TOWNHOMES CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business

**C/O BENCHMARK PROPERTY MANAGEMENT  
 7932 WILES ROAD  
 CORAL SPRINGS FL 33067  
 US**

Mailing Address

**C/O BENCHMARK PROPERTY MANAGEMENT  
 7932 WILES ROAD  
 CORAL SPRINGS FL 33067  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0075842**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAYE & ROGER, P.A.  
 6261 NW 6 WAY  
 SUITE 103  
 FORT LAUDERDALE FL 33309**

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 \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
 NAME **WROHEL, STEPHANIE B**  
 STREET ADDRESS **4991 RIVERSIDE DRIVE**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **Director** ☐ Change ☒ Addition  
 NAME **Seifer, Robert**  
 STREET ADDRESS **4939 Riverside Drive**  
 CITY-ST-ZIP **Coral Springs, FL 33067**

TITLE **TD** ☐ Delete  
 NAME **BIONDO, YVONNE**  
 STREET ADDRESS **4937 RIVERSIDE DRIVE, #4937**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **Director-Pres/Treas** ☒ Change ☐ Addition  
 NAME **Biondo, Yvonne**  
 STREET ADDRESS **4937 Riverside Drive**  
 CITY-ST-ZIP **Coral Springs, FL 33067**

TITLE **VPD** ☒ Delete  
 NAME **GERRISH, STUART**  
 STREET ADDRESS **4911 RIVERSIDE DRIVE, #4911**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33062**

TITLE **Director-Sec/VP** ☒ Change ☐ Addition  
 NAME **Collin, Cathi**  
 STREET ADDRESS **4943 Riverside Drive**  
 CITY-ST-ZIP **Coral Springs, FL 33067**

TITLE **SD** ☐ Delete  
 NAME **COLLIN, CATHI**  
 STREET ADDRESS **4943 RIVERSIDE DRIVE, #4943**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 of Yvonne Biondo*  
**YVONNE BIONDO, President**

3/28/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)