

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90184 034 ****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

Zip

Country

Zip

Country

4. FEI Number **65-0075842**

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

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

7. Name and Address of New Registered Agent

Name

Robert Kaye & Associates, PA

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

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	D	<input checked="" type="checkbox"/> Delete
NAME	SEIFER, ROBERT	
STREET ADDRESS	4939 RIVERSIDE DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SAGASER, TERESA	
STREET ADDRESS	4937 RIVERSIDE DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	COLLIN, CATHI	
STREET ADDRESS	4943 RIVERSIDE DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	GERRISH, STUART	
STREET ADDRESS	4911 RIVERSIDE DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GREENHILL, RICHARD	
STREET ADDRESS	4945 RIVERSIDE DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	Sarah De Guntier	<input type="checkbox"/> Delete D
NAME	5001 Riverside Drive	
STREET ADDRESS	Coral Springs, FL 33067	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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, or shall other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT, Teresa Sagaser

3/17/03

CR2E037 (10/02)