

2001 **UNIFORM BUSINESS REPORT (UBR)**

AMENDED

DOCUMENT # **N 43591**

1. Entity Name
I SLamorada at Coral Bay Village Assoc. Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 30 PM 1:13

Principal Place of Business	Mailing Address
-----------------------------	-----------------

2. Principal Place of Business 90 Dul Property Mgmt Inc	3. Mailing Address 10191 W. Sample Rd
Suite, Apt. #, etc. 10191 W. Sample Rd suite 203	Suite, Apt. #, etc. 203

DO NOT WRITE IN THIS SPACE
07-31-01 90243 025 \$61.25

City & State Coral Springs FL	City & State Coral Springs FL
Zip 33065	Country USA
Zip 33065	Country USA

4. FEI Number 65-0404359	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **Jamie Caldanzzo % Dul Property Mgmt Inc**

Street Address (P.O. Box Number is Not Acceptable)
10191 W. Sample Rd suite 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.

SIGNATURE *Jamie Caldanzzo* DATE **10/16/01**

Signature typed or printed name of registered agent and firm if applicable (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME DT Jeffrey Marchuck	<input type="checkbox"/> Delete
STREET ADDRESS 3275 W. Buena Vista Dr	
CITY-ST-ZIP Margate FL 33063	
TITLE NAME DS RONNIE NOSS	<input type="checkbox"/> Delete
STREET ADDRESS 6773 Saitone Ter	
CITY-ST-ZIP Margate FL 33063	
TITLE NAME DP Mindy Whitcraft	<input type="checkbox"/> Delete
STREET ADDRESS 3274 W Buena Vista Dr.	
CITY-ST-ZIP Margate FL 33063	
TITLE NAME D Francisco Soarez	<input type="checkbox"/> Delete
STREET ADDRESS 3163 W Buena Vista Dr	
CITY-ST-ZIP Margate FL 33063	
TITLE NAME D John Carpielli	<input type="checkbox"/> Delete
STREET ADDRESS 3202 W Buena Vista Dr	
CITY-ST-ZIP Margate FL 33063	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 *Mindy Whitcraft* DATE **11-6-01 954 956 0216**

CR2E037 (9/99)