

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90167 034 \*\*\*\*61.25

**DOCUMENT # N95000005357**

1. Entity Name

**CRISTELLE CONDOMINIUM ASSOCIATION OF BROWARD COUNTY, INC.**

Principal Place of Business

Mailing Address

700 SOUTH OCEAN BOULEVARD  
 POMPANO BEACH FL 33062

1700 SOUTH OCEAN BOULEVARD  
 POMPANO BEACH FL 33062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

*Lauderdale By The Sea*

*Lauderdale By The Sea*

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRANK, EFFMAN, WEINBERG, & BLACK, P.A.**  
**8000 PETERS ROAD**  
**2ND FLOOR**  
**PLANTATION FL 33324**

Name

*Jerry Williams*

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

*1700 South Ocean Blvd.*

City

*Lauderdale By The Sea FL*

Zip Code

*33062*

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

*Jerry Williams*

*Jerry Williams*

*2/4/02*

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	PT	<input checked="" type="checkbox"/> Delete
NAME	ADLER, BARRY DR.	
STREET ADDRESS	1700 S. OCEAN BLVD., #21B	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	TT	<input type="checkbox"/> Delete
NAME	COHN, ALAN	
STREET ADDRESS	1700 S. OCEAN BLVD., #15D	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	PAUL, BARRY	
STREET ADDRESS	1700 S. OCEAN BLVD. #20C	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	DD	<input type="checkbox"/> Delete
NAME	CHUMAN, CARLOS	
STREET ADDRESS	1700 SOUTH OCEAN BLVD., #18D	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MALDONADO, CARLOS	
STREET ADDRESS	1700 S OCEAN BLVD, #9C	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maldonado, Carlos	
STREET ADDRESS	1700 S. Ocean Blvd	
CITY-ST-ZIP	Lauderdale By The Sea, Fl 33062	
TITLE	D Vice-President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cohn, Alan	
STREET ADDRESS	1700 S. Ocean Blvd	
CITY-ST-ZIP	Lauderdale By The Sea, Fl 33062	
TITLE	D President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul, Barry	
STREET ADDRESS	1700 S. Ocean Blvd	
CITY-ST-ZIP	Lauderdale By The Sea, Fl 33062	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chuman, Carlos	
STREET ADDRESS	1700 S. Ocean Blvd	
CITY-ST-ZIP	Lauderdale By The Sea, Fl 33062	
TITLE	D Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Murgold, Carl	
STREET ADDRESS	1700 S. Ocean Blvd	
CITY-ST-ZIP	Lauderdale By The Sea, Fl 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Alan Cohn*

*2/4/02 954-785-6141*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)