

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90036 020 \*\*\*\*61.25

**DOCUMENT # N97000003360**

1. Entity Name

**CORAL COVE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1690 SOUTH CONGRESS AVENUE  
 STE 200  
 DELRAY BEACH FL 33445

1690 SOUTH CONGRESS AVENUE  
 STE 200  
 DELRAY BEACH FL 33445

*92523*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1063145**

Applied For

Not Applicable

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

**D'ADDARIO, MERLE**  
**1690 SOUTH CONGRESS AVENUE**  
**SUITE 200**  
**DELRAY BEACH FL 33445**

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	DP	<input type="checkbox"/> Delete
NAME	D'ADDARIO, MERLE	
STREET ADDRESS	1690 SOUTH CONGRESS AVENUE SUITE 200	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	LEVY, JOANN	
STREET ADDRESS	1690 SOUTH CONGRESS AVENUE SUITE 200	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUSKIN, JERRY	
STREET ADDRESS	1690 SOUTH CONGRESS AVENUE SUITE 200	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	AT	<input type="checkbox"/> Delete
NAME	PIVINSKI, JOSEPH	
STREET ADDRESS	1690 SOUTH CONGRESS AVENUE SUITE 200	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LEVY, R.D.	
STREET ADDRESS	1690 SOUTH CONGRESS AVENUE SUITE 200	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		<input type="checkbox"/> Delete
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fran Natowitz	
STREET ADDRESS	12529 Imperial Isle Dr. Apt. 108	
CITY-ST-ZIP	Boynton Beach, Florida 33437	
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, with all other like empowered.

SIGNATURE: *Jerry Ruskin* *Joann Levy* *1/15/02* *561-274-2000*

CR2E037 (9/01)