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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

55021531

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #691649			
1. Entity Name CORAL RIDGE REALTY SALES, INC.			
Principal Place of Business 11575 HERON BLVD. CORAL SPRINGS, FL 33076 US		Mailing Address 24301 WALDEN CENTER DR BONITA SPRINGS, FL 34134 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 59-2103316		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HASTINGS, VIVIAN 24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signed, typed or printed name of registered agent and title if applicable. (If ONE Registered Agent, signature must be written next to name) DATE _____			
		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOSCATO, ALBERT F JR 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V James D. Cullen 224301 Walden Center Drive Bonita Springs, FL 34134 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADELMAN, STEVEN C 23401 WALDEN CENTER DR BONITA SPRINGS, FL 34134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HASTINGS, VIVIAN 24301 WALDEN CENTER DR BONITA SPRINGS, FL 34134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 607, 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:  Vivian N. Hastings, Secretary		03/24/03 (239) 498-8605 Date Daytime Phone #	

CFC034 (10/02)