

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703107

1. Entity Name

CORAL RIDGE ASSOCIATION INC

Principal Place of Business

% HARRIET KAYE
1100 SEMINOLE DR
FORT LAUDERDALE FL 33304-4544

Mailing Address

% HARRIET KAYE
1100 SEMINOLE DR
FORT LAUDERDALE FL 33304-4544

2. Principal Place of Business

Fort Lauderdale, FL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Florida 33304

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6153214

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAYE, HARRIET
1100 SEMINOLE DR
FORT LAUDERDALE FL 33304-4544

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.

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

TITLE	P	<input type="checkbox"/> Delete
NAME	KAYE, HARRIET	
STREET ADDRESS	1100 SEMINOLE DR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	MASSEY, AL	
STREET ADDRESS	2510 NE 13TH ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	RS	<input type="checkbox"/> Delete
NAME	HOUSE, JOSIE	
STREET ADDRESS	2406 FRYER POINT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, ROBERT	
STREET ADDRESS	2609 NE 22ND ST	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	AURELIUS, JOHN	
STREET ADDRESS	2864 NE 24TH CT	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GROSSMAN, INGA	
STREET ADDRESS	2736 NE 26TH ST	
CITY-ST-ZIP	FT. LAUDERDALE FL	

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, with all other like empowered.

SIGNATURE

Harriet Kaye President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90011 019 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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