

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90166 009 \*\*\*\*61.25

2/5

**DOCUMENT # 719277**

1. Entity Name

**CORINTHIAN GARDENS, INC.**



Principal Place of Business

**501 S. W. 11TH PLACE  
BOCA RATON FL 33432  
US**

Mailing Address

**501 S. W. 11TH PLACE  
BOCA RATON FL 33432  
US**

2. Principal Place of Business

*Same as above*

3. Mailing Address

*Same as above*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1452317**

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

**BECKWITH, MARY**

**501 SW 11TH PLACE**

**#409 B**

**BOCA RATON FL 33432**

Name *Mary Beckwith*

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

*501 SW 11th PL #409 B*

City *Boca Raton*

FL

Zip Code *33432*

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

*Mary Beckwith, MARY BECKWITH, PRESIDENT, 1-26-03*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	<b>BUSHELL, JOHN</b>	
STREET ADDRESS	<b>501 SW 11TH PL #118-C</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	<b>BECKWITH, MARY</b>	
STREET ADDRESS	<b>501 SW 11TH PL #409-B</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	<b>HOFFMANN, INGRID</b>	
STREET ADDRESS	<b>501 SW 11TH PL #318-C</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>GOODWIN, SANDRA</b>	
STREET ADDRESS	<b>501 SW 11TH PL #413-B</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>BARKER, MARION</b>	
STREET ADDRESS	<b>501 SW 11TH PL #114-C</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>PROCTOR, HEATHER</b>	
STREET ADDRESS	<b>501 SW 11TH PL #106-A</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Mary Beckwith</i>	
STREET ADDRESS	<i>501 SW 11th PL #409 B</i>	
CITY-ST-ZIP	<i>Boca Raton, FL 33432</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Nancy Southwick</i>	
STREET ADDRESS	<i>501 SW 11th PL #408 B</i>	
CITY-ST-ZIP	<i>Boca Raton, FL 33432</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Phil Viola</i>	
STREET ADDRESS	<i>501 SW 11th PL #314C</i>	
CITY-ST-ZIP	<i>Boca Raton, FL 33432</i>	
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)(l), 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: *Mary Beckwith, MARY BECKWITH*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-26-03 561-417-9854*

Date

Daytime Phone #

CR2E037 (10/02)