

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90138 042 \*\*\*\*61.25

**DOCUMENT # 720624**

1. Entity Name

**CORAL SEA OF SINGER ISLAND CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2994 JOG ROAD., STE B  
 GREENACRES FL 33467

2994 JOG ROAD., STE B  
 GREENACRES FL 33467

2. Principal Place of Business

3. Mailing Address

clo 3850 Lake Worth Rd.

clo 3850 Lake Worth Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 4

Suite 4

City & State

City & State

Lake Worth, FL

Lake Worth, FL

Zip

Country

Zip

Country

33461

USA

33461

USA

4. FEI Number

59-1367894

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

GERRISH, SCOT A  
 2994 JOG ROAD., STE B  
 GREENACRES FL 33467

Name  
 Hyman J. Zacharia, CPA, PA

Street Address (P.O. Box Number is Not Acceptable)  
 3850 Lake Worth Road

Suite 4

City

Lake Worth

FL

Zip Code

33461

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

*Hyman J. Zacharia, CPA*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/02

**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PD  
 HENLE, EDWARD  
 3930 N. OCEAN DR., #128  
 SINGER ISLAND FL 33404 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VPD  
 BLANSFIELD, CHARLES  
 3930 N. OCEAN DR., #216  
 SINGER ISLAND FL 33404 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 SD  
 FLANAGAN, ESTELLE  
 3930 N. OCEAN DR., #231  
 SINGER ISLAND FL 33404 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TD  
 MCKWEENY, DONALD  
 3930 N. OCEAN DR., #120  
 SINGER ISLAND FL 33404 ☐ 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

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 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:

*Edward Henle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-01-02 561 845 6848

Date

Daytime Phone #

CR2E037 (9/01)