2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 720624

1. Entity Name CORAL SEA OF SINGER ISLAND CONDOMINIUM ASSOCIATI



FILED

01-10-2003 90026 047 ****61.25

Jan 10, 2003 8:00 am Secretary of State

| | | | | | GOO WE THE | | | | |
|-------------------------------|--|----------------------------|-------------------------------------|--|----------------------------|---|---|----------------------|-----------------|
| Principal P | lace of Business | Maili | ng Address | | | - | | | |
| 0/0 0050 1 4/5 100051/ | | | - | | | | K | UUUJUUZ | |
| SUITE 4 | | | C/O 3850 LAKE WORTH ROAD SUITE 4 | | | | J | | |
| LAKE WORT | 'H FL 33461 | LAKE | WORTH FL 33461 | | | | | | |
| 2 Princina | I Place of Business | | | | | | | | |
| 3. | | | iling Address | | | | il ba il s a ile iibil (i | | |
| Suite A | ot. #, etc. | | A U | | | _ | | | * |
| 5 | | | uite, Apt. #, etc. | | | ☐ CHECK HERE IF MAKING CHANGES | | | |
| City & S | ate | Ci | ty & State | | | A FELLUL TO THE | | | |
| | : | ` | iy a olalo | | | 4. FEI Number 59 | -1367894 | | Applied For |
| Zip Country | | Zi | Zip Co | | try | - | | | Not Applicable |
| | | | | | • | 5. Certificate of Sta | itus Desired | \$8.75 Ac Fee Requir | dditional ed |
| | 6. Name and Address of C | urrent Registere | d Agent | | | 7. Name and Addre | ess of New Regi | | |
| | | | | | Name | | · · · · · · · · · · · · · · · · · · · | | |
| ZACHARIA, HYMAN J CPA | | | Street Address | | (P.O. Box Number is No | ot Accontable) | | | |
| | KE WORTH ROAD | | | | | | or Acceptable) | | |
| SUITE 4 | | | | | | | | · | |
| LAKE WORTH FL 33461 | | | | | City | · · · · · · | | | <u> </u> |
| D Th | | | | | • | | | FL Zip Coo | |
| the obliga | e named entity submits this stater ations of registered agent. | ment for the purp | ose of changing its | s registered | office or register | red agent, or both, in th | ne State of Florida | . I am familiar with | , and accept |
| | and the together agont. | | | | | | | | |
| SIGNATURE | | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registere | ed agent and title if appl | ficable. (NOT | E: Registered A | gent signature required | t when reinstation) | | DATE | |
| | : | T | | | 2011 019 1411 010 1041 100 | | | DATE | |
| | EU E NOW, EEE IC ACA O | - | 9. Election Car | mnaion Ein | ancina | 45.00 | | | _ |
| FILE NOW: FEE IS \$61.25 | | | | Election Campaign Financing Trust Fund Contribution. | | \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State | | | |
| | | | | | - | Added to rees | Fiorida i | pepartment of | State |
| 10. | | ND DIRECTORS | | 11. | | ADDITIONS/CHANGES | TO OFFICERS A | ND DIRECTORS IN | 1.10 |
| TITLE | PD ; | | ☐ Delete | TITLE | | | | ☐ Change | □ Addition |
| NAME | HENLE, EDWARD | | | NAME | ľ | | | Onlinge | □ Addition |
| STREET ADDRESS | 3930 N. OCEAN DR., #128 | | | STREET A | ADDRESS | | | | |
| CITY-ST-ZIP | SINGER ISLAND FL 33404 | · | | CITY-ST | -ZIP | | | | |
| TITLE | VPD | | ☐ Delete | TITLE | | | - | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | BLANSFIELD, CHARLES | | | NAME | 1 | | | | |
| STREET ADDRESS CITY-ST-ZIP | 3930 N. OCEAN DR., #216 | | | STREET A | 1 | | | | ĺ |
| | SINGER ISLAND FL 33404 | | | CITY-ST- | -ZIP | | | | |
| TITLE | SD STANDARD | | ☐ Delete | TITLE | | | | ☐ Change | Addition |
| NAME | FLANAGAN, ESTELLE | | | NAME | | | | | , radinon |
| STREET ADDRESS CITY-ST-ZIP | 3930 N. OCEAN DR., #231 | | | STREET A | [| | | | |
| | SINGER ISLAND FL 33404 | | - | CITY-ST- | ZIP | | | | |
| TITLE | TD | | Delete | TITLE | | | | ☐ Change | Addition |
| VAME | MC@WEENY, DONALD | | | NAME | | | | | 7.00(100) |
| STREET ADDRESS SITY-ST-ZIP | 3930 N. OCEAN DR., #120 | | | STREET A | | | | | |
| | SINGER ISLAND FL 33404 | | ···· | CITY-ST- | ZIP | | | | 1 |
| TLE ME | | | ☐ Delete | TITLE | | | | ☐ Change | Addition |
| IAME Treet address | | | | NAME | | | | _ • | |
| STY-ST-ZIP | | | | STREET AL | | | | | |
| | | | | CITY-ST- | ZIP | | | | |
| ITLE | | | ☐ Delete | TITLE | | | | ☐ Change | Addition |
| AME Treet address | | | | NAME | | | | _ • | - |
| cer noontag | | | | STREET AD | DRESS I | | | | |

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

CITY-ST-ZIP

SIGNATURE 1-07:03 561.8456R40