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



Feb 07, 2003 8:00 am Secretary of State 02-07-2003 90078 010 \*\*\*\*61.25

**FILED** 

1. Entity Name CORAM GARDENS TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.				
Principal Place of Business	Mailing Address			



C/O STATE RI 5505 PEMBROI HOLLYWOOD I			1 100411 (0010 120	DE AFRICA 11510 LANGE ABUL DIAS DE DE	ı <b>a</b> talı ətti bil	))) 6)V)) 1881		
2. Principal F	Place of Business	3. Mailing Address						
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Suite, Apt. #, etc. Suite		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & Stat	City & State City & State			4. FEI Number 65	4. FEI Number 65-0052861		oplied For	
Zip	Country	Zip Country		5. Certificate of Sta	Not Applicable  5. Certificate of Status Desired   \$8.75 Additional			
	C. Name and Address of Course Deviation of Asset				7. Name and Address of New Registered Agent			
6. Name and Address of Current Registered Agent		Name						
WILDER, LEONARD ESQ.		Stroot A	Street Address (P.O. Box Number is Not Acceptable)					
800 E. BROWARD BLVD.			Street Address (I		(F.O. BOX Number is Not Acceptable)			
SUITE 71								
FI. DAUD	DERDALE FL 33301		City		FL	Žip Cod	e	
	named entity submits this statement for	or the purpose of changing its	registered office or	registered agent, or both, in t	he State of Florida. I am f	amiliar with,	and accept	
the obligat	tions of registered agent.						į	
CICNATURE		-					l l	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signatu	re required when reinstating)	DATE			ı
	· Ordinal and Company of the second of the	and the second s	الرابطين بيار	a company of the second	n managements see the see	5 **	·	
	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Ca	paign Financing ontribution.	S5.00 May Be Added to Fees	Make Check Florida Depart	Payable	to	l
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIF	RECTORS IN	l 10	
TITLE	PD	☐ Delete	TITLE		•	☐ Change	☐ Addition	Ś
NAME	KEATING, JOHN 5505 PEMBROKE ROAD		NAME					2
STREET ADDRESS CITY-ST-ZIP	HOLLYWOOD FL 33021-8035		STREET ADDRESS CITY-ST-ZIP					2
TITLE	VD	Delete	TITLE			☐ Change	Addition	Ĭ
NAME	BAPTISTE, OZMOND	□ Delete	NAME				Addition	۲
STREET ADDRESS	490 N.W. 44 AVENUE		STREET ADDRESS					
CITY-ST-ZIP	PLANTATION FL 33317		CITY-ST-ZIP					
TITLE	SD	☐ Delete	TITLE			Change	Addition	
NAME	PLAZAS, HELBER		NAME					
	5225 N.E. 2 AVENUE FT. LAUDERDALE FL 33334	j	STREET ADDRESS					
CITY-ST-ZIP	TD	<u> </u>	CITY-ST-ZIP					
TITLE NAME	NGUYEN, TUAN	Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS	7611 N.W. 29 STREET		STREET ADDRESS					
CITY-ST-ZIP	MARGATE FL 33063		CITY-ST-ZIP				]	
TITLE	+->	Delete	TITLE			☐ Change	☐ Addition	
NAME	<u> </u>	The second secon	NAME	The second secon	ا المحد المستعلمين بالمهاب	;		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP		AT 1514			
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME	•			1	
STREET ADDRESS CITY-ST-ZIP			STREET AODRESS CITY-ST-ZIP				1	
OTTI-OT-VII	•		■ UIII-31-ZIP				- 1	

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 true 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 address, with all other like explowered.

**SIGNATURE:**