

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
 04-16-2001 90477 039 ****61.25

DOCUMENT # 726981

1. Entity Name

THE CORINTHIAN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

936 INTRACOASTAL DRIVE
 FT LAUDERDALE FL 33304

936 INTRACOASTAL DRIVE
 FT LAUDERDALE FL 33304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #

Secretary

Suite, Apt. #, etc.

City & State

City & State

Corinthian Condominium Association, Inc.
936 Intracoastal Drive
Fort Lauderdale, FL 33304

Zip

Country

Zip

Country

Broward

4. FEI Number

59-1596364

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

PAPPAS, JAMES

~~936~~ INTRACOSTAL DR
 FT. LAUDERDALE FL 33304

#15K

Name

Stanley H Kinney

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D Vice President** ☐ Delete
 NAME **SHUTRUMP, GEORGE**
 STREET ADDRESS **936 INTRACOASTAL DR**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **Stanley H Kinney** ☐ Change ☒ Addition
 NAME **Stanley H Kinney**
 STREET ADDRESS **936 Intracoastal Dr 15 E**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33304**

TITLE **D** ☐ Delete
 NAME **LYNE, JANICE**
 STREET ADDRESS **936 INTRACOASTAL DR., 17F**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **James Pappas** ☐ Change ☒ Addition
 NAME **James Pappas**
 STREET ADDRESS **Board of Director**
 CITY-ST-ZIP **936 Intracoastal Dr**

TITLE **DBM** ☐ Delete
 NAME **BARUCH, MALYN C**
 STREET ADDRESS **936 INTRACOASTAL DR 12G**
 CITY-ST-ZIP **FT LAUDERDALE FL 33304**

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

TITLE **D** ☒ Delete
 NAME **UCKO, BERNARD**
 STREET ADDRESS **936 INTRACOASTAL DR 10B**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33304**

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

TITLE **T** ☐ Delete
 NAME **FREDERICKSON, KEITH**
 STREET ADDRESS **936 INTRACOASTAL DRIVE**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33304**

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

TITLE **P** ☐ Delete
 NAME **HOGAN, JAMES**
 STREET ADDRESS **936 INTRACOASTAL DR 22F**
 CITY-ST-ZIP **FT LAUDERDALE FL 33304**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 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:

SIGNATURE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)