

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745886

1. Entity Name

CORAL GARDEN APARTMENTS, INC.

Principal Place of Business

1025 S FEDERAL HWY
LAKE WORTH FL 33460

Mailing Address

~~1025 S FEDERAL HWY~~
~~#4~~
~~LAKE WORTH FL 33460~~

2. Principal Place of Business

3. Mailing Address

934 S. Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lantana FL

Zip

Country

Zip

Country

33462 USA

4. FEI Number

NOT APPLICABLE

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

Name

ANNE JAAKKOLA

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

934 S. Dixie Hwy

City

Lantana

FL

Zip Code

33462

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

4-30-01

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 ~~DT~~ ☒ Delete
NAME ~~ELIE, LINDA~~
STREET ADDRESS ~~7153 SOUTHERN BLVD STE #1~~
CITY-ST-ZIP ~~W PALM BEACH FL~~

TITLE ~~DT~~ ☐ Change ☒ Addition
NAME ~~ESA OJALA~~
STREET ADDRESS ~~1025 S. FEDERAL HWY #8~~
CITY-ST-ZIP ~~LAKE WORTH FL 33460~~

TITLE ~~D~~ ☐ Delete
NAME ~~VILEN, PENTTI~~
STREET ADDRESS ~~1025 S. FEDERAL HWY 7~~
CITY-ST-ZIP ~~LAKE WORTH FL~~

TITLE ~~DT~~ ☐ Change ☐ Addition
NAME ~~ESA OJALA~~
STREET ADDRESS ~~1025 S. FEDERAL HWY #8~~
CITY-ST-ZIP ~~LAKE WORTH FL 33460~~

TITLE ~~PD~~ ☒ Delete
NAME ~~RAATIKAINEN, ALPO~~
STREET ADDRESS ~~1025 S FEDERAL HWY 7~~
CITY-ST-ZIP ~~LAKE WORTH FL~~

TITLE ~~DS~~ ☐ Change ☒ Addition
NAME ~~NANCY ANDREWS~~
STREET ADDRESS ~~1025 S. FEDERAL HWY #1~~
CITY-ST-ZIP ~~LAKE WORTH FL 33460~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ 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)(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: 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-01

00050310



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)