

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747254

1. Entity Name

CORAL RIDGE EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4501 NE 21ST AVENUE  
FT. LAUDERDALE FL 33307-4740

Mailing Address

4501 NE 21ST AVENUE  
FT. LAUDERDALE FL 33308-4778

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

GONYO, KENNETH D. (CPA)  
3326 NE 33RD STREET  
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name **ROYAL PROPERTY MANAGEMENT INC**  
Street Address (P.O. Box Number is Not Acceptable) **8317 W ATLANTIC BLVD.**  
**CORAL SPRINGS FL**  
City **FL** Zip Code **33071**

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.

**FRANK LATORTA**

(NOTE: Registered Agent signature required when reinstating)

**3/23/00**

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

|                |                               |                                            |
|----------------|-------------------------------|--------------------------------------------|
| TITLE          | VPD                           | <input checked="" type="checkbox"/> Delete |
| NAME           | MILLER KENNETH                |                                            |
| STREET ADDRESS | 4501 NE 21 AVE., APT 202      |                                            |
| CITY-ST-ZIP    | FT LAUDERDALE FL 33308        |                                            |
| TITLE          | D, VP                         | <input type="checkbox"/> Delete            |
| NAME           | KELLEY, MICHELLE              |                                            |
| STREET ADDRESS | 4501 NE 21ST AVE APT 106      |                                            |
| CITY-ST-ZIP    | FORT LAUDERDALE FL 33308      |                                            |
| TITLE          | VP                            | <input checked="" type="checkbox"/> Delete |
| NAME           | AARONIAN, JIM                 |                                            |
| STREET ADDRESS | 4501 NE 21ST., APT 410        |                                            |
| CITY-ST-ZIP    | FORT LAUDERDALE FL            |                                            |
| TITLE          | D                             | <input type="checkbox"/> Delete            |
| NAME           | CROWLEY, JOSEPH               |                                            |
| STREET ADDRESS | 4501 NE 21ST AVE., APT 202    |                                            |
| CITY-ST-ZIP    | FT LAUDERDALE FL 33308        |                                            |
| TITLE          | SD                            | <input type="checkbox"/> Delete            |
| NAME           | SANFORD BESSINS               |                                            |
| STREET ADDRESS | 740 S FEDERAL HWY #609        |                                            |
| CITY-ST-ZIP    | POMPANO BEACH FL 33062        |                                            |
| TITLE          | SD                            | <input type="checkbox"/> Delete            |
| NAME           | FRAZIER, CHARLES              |                                            |
| STREET ADDRESS | 4501 N.E. 21ST AVE., APT. 206 |                                            |
| CITY-ST-ZIP    | FT. LAUDERDALE FL 33308       |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                         |                                                                              |
|----------------|-------------------------|------------------------------------------------------------------------------|
| TITLE          | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | ELLEN Miller            |                                                                              |
| STREET ADDRESS | 4501 NE, 21 AVE. # 212  |                                                                              |
| CITY-ST-ZIP    | FT. L'D'LE. FL. 33308   |                                                                              |
| TITLE          | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | THOMAS TOPOLSKI         |                                                                              |
| STREET ADDRESS | 4501 NE. 21 AVE. # 314. |                                                                              |
| CITY-ST-ZIP    | FT. L'D'LE FL. 33308    |                                                                              |
| TITLE          | D, T.                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | ELIZABETH ELWINGER      |                                                                              |
| STREET ADDRESS | 4501 NE, 21 AVE # 209   |                                                                              |
| CITY-ST-ZIP    | FT. L'D'LE FL. 33308    |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-00

(954) 942-5555

Date

Telephone #

FILED  
Mar 30, 2000 8:00 am  
Secretary of State

03-30-2000 90023 048 \*\*\*\*61.25

631403



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2000415

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required