

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90290 014 ****61.25

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 33307-4740**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2000415

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

**ROYAL PROPERTY MANAGT INC
8317 W ATLANTIC BLVD
CORAL SPRINGS FL 33071**

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DT** ☒ Delete
NAME **ELWINGER, LISA**
STREET ADDRESS **4501 NE 21 AVE # 209**
CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE **D** ☐ Change ☒ Addition
NAME **Aaronian, James**
STREET ADDRESS **4501 NE 21st Avenue Apt 410**
CITY-ST-ZIP **Ft. Lauderdale, FL. 33308**

TITLE **PD** ☒ Delete
NAME **HUSFIELD, JOAN**
STREET ADDRESS **4501 NE 21 AVE # 412**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **D** ☐ Change ☒ Addition
NAME **Miles, Helen Ann**
STREET ADDRESS **4501 NE 21st Avenue Apt 404**
CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

TITLE **D** ☒ Delete
NAME **TOPOLSKI, THOMAS**
STREET ADDRESS **4501 NE 21 AVE #314**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **D** ☐ Change ☒ Addition
NAME **Nannery, Patrick**
STREET ADDRESS **1600 SE 15th Street**
CITY-ST-ZIP **Pt. Lauderdale, FL 33316**

TITLE **D** ☐ Delete
NAME **DEBOER, GRACE**
STREET ADDRESS **4501 NE 21 AVE #211**
CITY-ST-ZIP **FT LAUDERDALE FL 33308**

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

TITLE **D** ☒ Delete
NAME **KELLEY, MICHELE**
STREET ADDRESS **4501 NE 21 AVE # 106**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **D** ☐ Change ☒ Addition
NAME **FRENIERE, Cheryl**
STREET ADDRESS **4501 NE 21st Avenue Apt 212**
CITY-ST-ZIP **Ft Lauderdale, FL. 33308**

TITLE **SD** ☐ Delete
NAME **FRAZIER, CHARLES**
STREET ADDRESS **4501 N.E. 21ST AVE., APT. 206**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE **D** ☒ Change ☐ Addition
NAME **FRAZIER, Charles**
STREET ADDRESS **4501 NE 21st Ave Apt 206**
CITY-ST-ZIP **Ft. Lauderdale FL 33308**

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: *Charles W. Frazier* **CHARLES W. FRAZER** 4/27/04 954-977-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #