

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90163 020 ****61.25

DOCUMENT # 750747

1. Entity Name

CORAL TIDES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**580 BRINY AVE.
POMPANO BEACH FL 33062-5808**

**580 BRINY AVE.
POMPANO BEACH FL 33062-5808**

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

59-2159036

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

**REILLY, JOSEPH P.
1330 SE 3RD TERRACE
POMPANO BCH. FL 33060**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/24/02
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 **P** ☐ Delete
NAME **REILLY, JOSEPH**
STREET ADDRESS **1330 SE 3RD TERRACE**
CITY-ST-ZIP **POMPANO BCH. FL**

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

TITLE **D** ☐ Delete
NAME **WEBER, CHARLES**
STREET ADDRESS **2400 SW 44TH TERR**
CITY-ST-ZIP **FT LAUDERDALE FL**

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

TITLE **S** ☐ Delete
NAME **GLOMSKI, ANTHONY**
STREET ADDRESS **3246 NW 47TH AVE**
CITY-ST-ZIP **COCONUT CREEK FL**

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

TITLE **D** ☒ Delete
NAME **SILVER, RUTH**
STREET ADDRESS **9438 NW 65 ST**
CITY-ST-ZIP **TAMARRC FL 33381**

TITLE ☒ Change ☐ Addition
NAME **BONNIE MILLER**
STREET ADDRESS **2045 NE 24TH AVE 5**
CITY-ST-ZIP **Pom Pano Bch FL 33062**

TITLE **T** ☐ Delete
NAME **KUNTZA, JOHN**
STREET ADDRESS **3450 MELROSE AVE**
CITY-ST-ZIP **TITUSVILLE FL**

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

TITLE **D** ☐ Delete
NAME **VLASATY, VIVienne**
STREET ADDRESS **1475 NW 67TH AVE**
CITY-ST-ZIP **MARGATE FL**

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:

SIGNATURE REQUIRED

4-26-02 954-941-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)