2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2000 8:00 am Secretary of State **DOCUMENT # 760097** 1. Entity Name CORAL SPRINGS VILLAS CONDOMINIUM ASSOCIATION, IN 05-24-2000 90091 047 ****61.25 Principal Place of Business Mailing Address CALLIANCE PROPERTY SYSTEMS P.O. BOX 26478 7106 W COMMERCIAL BLVD 4-A FT. LAUDERDALE FL 33320-6478 FT LAUDERDALE FL 33319 2. Principal Place of Business 3. Mailing Address 7932 Wiles Road c/o Benchmark Property Momt Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2146481 Coral Springs FL Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 33067 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent --Kaye-&--Roger--PA Street Address (P.O. Box Number is Not Acceptable) CENTAMORE, KIM MRS NW 6 Way 7641 PARKVIEW WAY **CORAL SPRINGS FL 33065** City Zip Code Fl 33309 <u>Lauderdale</u> 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 Stgnature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change XX Addition DVP **EX**Delete TITLE TITLE Dir-Pres NAME HERBERT, RICHARD NAME Maharaj, Roger 2320 NW 115 STREET ADDRESS STREET ADDRESS 115 Dr 15814 E WIND CIRCLE CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33326 Coral Springs, 33065 **⊠**XDelete ☐ Change ▼ Addition NΡ TITLE TITLE Dir-VP CENTAMORE, KIM NAME NAME Titus, John STREET ADDRESS STREET ADDRESS 7641 PARKVIEW WAY 5385 NW 60 Dr CITY-ST-ZIP CITY-ST-ZIP-CORAL SPRINGS FL Coral Springs, FL 33071 Addition ☐ Change TITLE nς Delete. TITLE Dir-Sec/Treas GALLEGO, CLAUDIA NAME NAME Brown, Tracy STREET ADDRESS STREET ADDRESS 3179 CORAL RIDGE DRIVE 3251 Coral Ridge Drive CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 Coral Springs, FL 33071 Addition ☐ Change TITLE Delete TITI E NAME JACOBS, RON NAME Maraj, Toth STREET ADDRESS STREET ADDRESS **521 NW 113 TERRACE** 3269 Coral Ridge Drive Coral Springs, FL 33065 CITY-ST-ZIE CITY-ST-ZIP **CORAL SPRINGS FL 33071** Delete Change Addition TITLE TITLE NAME VILLANUEVA, PEDRO NAME STREET ADDRESS STREET ADDRESS 2842 NW 95TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33065** TITLE Delete ☐ Change ☐ Addition MOSCA, ANGELA NAME NAME STREET ADDRESS STREET ADDRESS 3263 CORAL RIDGE DRIVE CITY-ST-ZIP CITY-ST-ZIF CORAL SPRINGS FL 33065 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.

4/30/00 Davtime Phone #