## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 16, 2001 8:00 am<sup>‡</sup> Secretary of State **DOCUMENT # 760097** 05-16-2001 90402 010 \*\*\*\*61.25 CORAL SPRINGS VILLAS CONDOMINIUM ASSOCIATION, IN Principal Place of Business Mailing Address C/O BENCHMARK PROPERTY MGMT 7932 WILES ROAD **TOE だいり**の **CORAL SPRINGS FL 33067** 7106 W COMMERCIAL BLVD 4-A FT LAUDERDALE FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City& State 4. FEI Number 59-2146481 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jame Street Address (P.O. Box Number is Not Acceptable) KAYE & ROGER PA 6261 NW 6 WAY SUITE 103 Zip Code City FORT LAUDERDALE FL 33309 FL 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 DATE Signature, 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** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Director-VP DΡ Addition Delete TITLE TITLE MAHARAJ, ROGER NAME Guiliano, Frank NAME 2320 NW 115 DR STREET ADDRESS 3247 Coral Ridge Dr STREET ADDRESS CITY-ST-ZIP 33065 **CORAL SPRINGS FL 33065** Coral Springs, FL CITY-ST-ZIP Addition ☐ Change DVP **X** Delete TITLE Director TITUS, JOHN Stoutt, Glenn 3160 NW 114 NAME NAME STREET ADDRESS 114 Lane 5385 NW 60 DR STREET ADDRESS CITY-ST-ZIP 33065 CITY-ST-ZIP CORAL SPRINGS FL 33071 Coral Springs, FL ☐ Change ☐ Addition Delete TITLE **BROWN, TRACY** NAME NAME STREET ADDRESS 3251 CORAL RIDGE DRIVE STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL 33071** CITY-ST-ZIP ☐ Change ☐ Addition **E**elete TITLE MARAJ, TOTH NAME NAME STREET ADDRESS STREET ADDRESS 3269 CORAL RIDGE DRIVE CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33065** Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TIT! F Delete NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 so an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

**FILED** 

3/28/01