

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764957

1. Entity Name

CEDAR BREEZE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3156 CORAL SPRINGS DR.
CORAL SPRINGS FL 33065

Mailing Address

3156 CORAL SPRINGS DR.
CORAL SPRINGS FL 33065

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

59-2428964

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

BOSS, LOTUS
3156 CORAL SPRINGS DRIVE
CORAL SPRINGS FL 33065

Name

Jennifer Hylton

Street Address (P.O. Box Number is Not Acceptable)

3158 Coral Spring DR

City

Coral Spring

33065

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

Jennifer Hylton

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

(NOTE: Registered Agent signature required when reinstating)

4-9-2001

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 PD ☐ Delete
NAME SARKO, STEVEN J
STREET ADDRESS 3156 CORAL SPRINGS DR.
CITY-ST-ZIP CORAL SPRINGS FL 33065

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

TITLE VD ☒ Delete
NAME HYLTON, JENNIFER
STREET ADDRESS 3158 CORAL SPRINGS DR
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ Change ☒ Addition
NAME Faridella, Cindy
STREET ADDRESS 5336 NW 106 Drive
CITY-ST-ZIP Coral Spring FL 33076

TITLE STD ☒ Delete
NAME BOSS, LOTUS
STREET ADDRESS 3156 CORAL SPRINGS DR.
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ Change ☒ Addition
NAME Hylton, Jennifer
STREET ADDRESS 3158 Coral Spring DR
CITY-ST-ZIP Coral Spring 33065 FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-2001

Date

Daytime Phone #

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90021 003 ****61.25

950098



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)