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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M22804

1. Corporation Name
CSA REALTY, INC.



Principal Place of Business

190 W. PALMETTO PARK RD.
BOCA RATON FL 33432
US

Mailing Address

190 W. PALMETTO PARK RD.
BOCA RATON FL 33432
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **5467 ASCOT BEND**

Suite, Apt. #, etc.

22

City & State

23 **BOCA RATON**

Zip

24 **33496**

Country

25 **US**

2a. Mailing Address

26 **5467 ASCOT BEND**

Suite, Apt. #, etc.

27

City & State

28 **BOCA RATON**

Zip

29 **33496**

Country

30 **US**

3. Date Incorporated or Qualified

11/01/1985

4. FEI Number

59-2630086

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SLOMIN, SANDRA
190 W. PALMETTO PARK RD.
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name **SLOMIN SANDRA**

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

5467 ASCOT BEND

83

84 City

BOCA RATON

FL

85 Zip Code

33496

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Sandra SLOMIN*
Signature, typed or printed name of registered agent and title if applicable.

SANDRA SLOMIN
(NOTE: Registered Agent signature required when reinstating)

2/15/99
DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **SLOMIN, SANDRA**
STREET ADDRESS **190 W. PALMETTO PARK RD.**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **ST** ☐ DELETE

NAME **CAMERON, LORRAINE**
STREET ADDRESS **190 W. PALMETTO PARK RD.**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P SLOMIN, SANDRA** ☒ Change ☐ Addition

1.2 NAME **5467 ASCOT BEND**

1.3 STREET ADDRESS **BOCA RATON FL. 33496**

1.4 CITY-ST-ZIP **BOCA RATON FL. 33496** ☒ Change ☐ Addition

2.1 TITLE **ST** ☒ Change ☐ Addition

2.2 NAME **CAMERON, LORRAINE**

2.3 STREET ADDRESS **5467 ASCOT BEND**

2.4 CITY-ST-ZIP **BOCA RATON FL. 33496** ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sandra SLOMIN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99
Date

Daytime Phone #

CR2E034 (11/98)