

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90121 031 ****61.25

DOCUMENT # N02000008179

1. Entity Name
**THE COVE AT BRIAR BAY CONDOMINIUM ASSOCIATION, I
NC.**



Principal Place of Business
**C/O PRIDE HOMES BY GARCO LLC
9485 SUNSET DR STE A-295
MIAMI FL 33173**

Mailing Address
**C/O PRIDE HOMES BY GARCO LLC
9485 SUNSET DR STE A-295
MIAMI FL 33173**

90013070



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

14-1865872

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CRANE, ROBERT L
515 N FLAGLER DR STE 1800
W PALM BCH FL 33401**

7. Name and Address of New Registered Agent

Name **PAUL H. KUPFER**
Street Address (P.O. Box Number is Not Acceptable)
1700 University Drive
Suite 110
City **Coral Springs** **FL** Zip Code **33071**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Paul H. Kupfer
PAUL H. KUPFER

1/17/03

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

(NOTE: Registered Agent signature required when reinstating)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SPANO, KIM M 9485 SUNSET DR STE A-295 MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SIERRA, FELIX 9485 SUNSET DR STE A-295 MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GARCIA, GENE 9485 SUNSET DR STE A-295 MIAMI FL	☐ Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

Paul H. Kupfer
1/23/03 305-225-0003

CR2E037 (10/02)

01/16/2003 11:39

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304/334062

Attachment De # N02000008179
KUPFER KUPFER SKOLNI
PAGE 03/03

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90013070

Form **SS-4**
(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number
(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0042

1 Legal name of entity (or individual) for whom the EIN is being requested
The Love At Briar Bay Condominium Association, Inc.

2 Trade name of business (if different from name on line 1)
Condo Assoc.

3 Executor, trustee, or "care of" name

4a Mailing address (room, apt., suite no., and street, or P.O. box)
9485 Sunset Drive, Suite 295A

4b City, state, and ZIP code
Miami, FL 33173

5a Street address (if different) (Do not enter a P.O. box.)

5b City, state, and ZIP code

6 County and state where principal business is located
Palm Beach

7a Name of principal officer, general partner, grantor, owner, or trustee
Kimberly Mullins Spano

7b SSN, ITIN, or EIN
270-66-0729

8a Type of entity (check only one box)

☐ Sole proprietor (SSN)	☐ Estate (SSN of decedent)
☐ Partnership	☐ Plan administrator (SSN)
☐ Corporation (enter form number to be filed) ▶	☐ Trust (SSN of grantor)
☐ Personal services corp.	☐ National Guard
☐ Church or church-controlled organization	☐ State/local government
☒ Other nonprofit organization (specify) Condo Assoc.	☐ Farmers' cooperative
☐ Other (specify) ▶	☐ REMIC
	☐ Indian tribal governments/enterprises
	Group Exemption Number (GEN) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated

9 Reason for applying (check only one box)

☐ Started new business (specify type) ▶	☐ Banking purpose (specify purpose) ▶
☐ Hired employees (Check the box and see line 12.)	☐ Changed type of organization (specify new type) ▶
☐ Compliance with IRS withholding regulations	☐ Purchased going business
☒ Other (specify) ▶ Condominium Assoc.	☐ Created a trust (specify type) ▶
	☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year)
10/24/02

11 Closing month of accounting year

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0-".

14 Check one box that best describes the principal activity of your business.

☐ Construction	☐ Rental & leasing	☐ Transportation & warehousing	☐ Health care & social assistance	☐ Wholesale-agent/broker
☐ Real estate	☐ Manufacturing	☐ Finance & insurance	☐ Accommodation & food services	☐ Wholesale-other
			☒ Other (specify) Administrative	☐ Retail

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

16a Has the applicant ever applied for an employer identification number for this or any other business?
Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

17a Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

17b Designee's name
Rae E Porfido

17c Designee's telephone number (include area code)
(954) 255-3600

17d Designee's fax number (include area code)
(954) 255-4062

17e Designee's signature (include date)
3/25/03

17f Designee's EIN (include area code)
13051595-1086

17g Signature of preparer (include date)
1/15/03

17h Signature of applicant (include date)
1/15/03

17i Signature of principal officer, general partner, grantor, owner, or trustee (include date)
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