

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

DOCUMENT # : No2572

1. Entity Name
Coral Springs Tower Club II
Condominium Association, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10034 W McNab

3. Mailing Address

10034 W McNab Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMARAC FL

City & State

TAMARAC FL

Zip

Country

33321

Zip

Country

33321

4. FEI Number

59-244-0715

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Consolidated Community Mgt

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

10034 McNab Rd

City

TAMARAC

FL

Zip Code

33321

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed in printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when relinquishing)

DATE

4/29/02

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME Prize, Alex
STREET ADDRESS 10034 W McNab Rd
CITY-ST-ZIP TAMARAC, FL 33321

TITLE VPD
NAME Hjelmier, Chris
STREET ADDRESS 10034 W McNab
CITY-ST-ZIP TAMARAC, FL 33321

TITLE TD
NAME Bockhold, Harold
STREET ADDRESS 10034 W McNab
CITY-ST-ZIP TAMARAC, FL 33321

TITLE SD
NAME Prize, Int
STREET ADDRESS 10034 W McNab Rd
CITY-ST-ZIP TAMARAC, FL

TITLE D
NAME Greenberg, Geraldine
STREET ADDRESS 10034 W McNab Rd
CITY-ST-ZIP TAMARAC, FL 33321

TITLE D
NAME Fields, Robert
STREET ADDRESS 10034 W McNab Rd
CITY-ST-ZIP TAMARAC, FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

4/29/02

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 on an attachment with an address, with all other like empowered.

SIGNATURE

4/29/02

CR2E037B (12/01)