## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N02572

CORAL SPRINGS TOWER CLUB II CONDOMINIUM ASSOCIATION, INC.



**FILED** 

Apr 30, 2004 8:00 am Secretary of State 04-30-2004 90212 041 \*\*\*\*61.25

| Principal Place<br>10034 W MC<br>TAMARAC, FL  | NAB   | Mailing Address<br>10034 W MCNAB<br>TAMARAC, FL 3332 | 1 US       |                                    |   |   | 07356 <b>T</b>             |                    |                           |            |  |
|---|---|--|------------|------------------------------------|---|---|----------------------------|--------------------|---------------------------|------------|--|
| 2. Principal Place of Business  |   | 3. Mailing Address                                   |            |                                    |   |   |                            |                    |                           |            |  |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, etc.                                  |            |                                    |   | 03162004 Chg-NP CR2E037 (10/03)                               |                            |                    |                           |            |  |
| City & State  |   | City & State   |            |                                    | 4. FEI Number 59-24407                                  | 15  |                            |                    | plied For<br>t Applicable |            |  |
| Zip Country   |   | Zip  | Zip Cou    |                                    |   | 5. Certificate of Status Desired \$8.75 Addition Fee Required |                            |                    |                           |            |  |
|   | 6. Name and Address of Current                                  | Registered Agent                                     | ered Agent |                                    |   | 7. Name and Address of New Registered Agent                   |                            |                    |                           |            |  |
| CONSOLIDATED COMMUNITY MGT<br>10034 W MCNAB<br>TAMARAC, FL 33321  |   |  |            | Name<br>Street A                   | Name Street Address (P.O. Box Number is Not Acceptable) |   |                            |                    |                           |            |  |
|   |   |  |            | City                               |   |   |                            | FL.                | Zip Code                  | <u> </u>   |  |
| 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  |   |  |            |                                    |   |   |                            |                    |                           |            |  |
|   | Filing Fee is \$61.25<br>Due by May 1, 2004                     | 9. Election (<br>Trust Fun                           |            |                                    | \$5.00 May Be<br>Added to Fees                          |   | ike check<br>da Departr    |                    |                           |            |  |
| 10.   | OFFICERS AND DIRECTORS 11                                       |  |            |                                    | Al  | DDITIONS/CHAN   | GES TO OFFICER             | S AND DIRE         | CTORS IN                  | 10         |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PRIZE, ALEX NATION 10034 W MCNAB ST                             |  |            |                                    |   |   |                            |                    | Change                    | ☐ Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DV<br>HJELMIER, CHRIS<br>10034 W MCNAB<br>TAMARAC, FL 33321     | N<br>S   |            | E<br>NE<br>EET ADDRESS<br>7-ST-ZIP |   |   |                            |                    | Change                    | ☐ Addition |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | TD<br>BOCKHOLD, HAROLD<br>10034 W MCNAB<br>TAMARAC, FL 33321    |  |            |                                    |   |   |                            |                    | ☐ Change                  | ☐ Addition |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | SD<br>FLETT, EARL<br>10034 W MCNAB<br>TAMARAC, FL 33321         | <del>△ pe</del> risie                                |            |                                    | 50<br>65<br>75<br>75<br>75                              | oudben<br>534 w n<br>marac                                    | t, (e)al<br>renab<br>31 3: | راحد<br>عن<br>3321 | The rige                  | Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>GREENBERG, GERALDINE<br>10034 W MCNAB<br>TAMARAC, FL 33321 | ☐ Delete   |            |                                    | 10  | EH, EA<br>034 W N<br>MARAC                                    | RL<br>CNA6 E               | . ^                | Change Change             | Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | ☐ Delete   |            |                                    | He<br>100   | neka, h<br>034 w n<br>marac                                   | nangare<br>renalo          |                    | ☐ Change                  | Addition   |  |

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Plorida 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

984 796 0929