

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Aug 10, 1999 8:00 am  
Secretary of State

08-10-1999 90013 016 \*\*\*\*61.25

DOCUMENT # N042741

1. Corporation Name

C.L.M. CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4179 N STATE RD #7  
LAUDERDALE LAKES FL 33319

4179 N STATE RD #7  
LAUDERDALE LAKES FL 33319



2. Principal Place of Business

4541 N.W. 49th CT

2a. Mailing Address

4541 N.W. 49th CT

3. Date Incorporated or Qualified

07/19/1984

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0049022

Applied For

Not Applicable

23 City & State

COCONUT CREEK FL.

28 City & State

COCONUT CREEK FL

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

24 Zip

Country

33073 U.S.A.

29 Zip

Country

33073 U.S.A.

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

STERNBERG, BERNARD  
8333 W. MCNAB ROAD  
SUITE 212  
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name

NOEL J. CHIN

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

4541 N.W. 49th COURT

83

84 City

COCONUT CREEK

FL

85 Zip Code

33073

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*

NOEL J. CHIN

8/4/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME HEALY, CLIFF  
STREET ADDRESS 9015 N W 24TH CT.  
CITY-ST-ZIP CORAL SPRINGS FL  
☒ DELETE

TITLE VD  
NAME CHIN, NOEL J  
STREET ADDRESS 4541 NW 49TH CT  
CITY-ST-ZIP COCONUT CREEK FL  
☐ DELETE

TITLE SD  
NAME GARDNER, PAULETTE A  
STREET ADDRESS 12000 NW 29TH MANOR  
CITY-ST-ZIP SUNRISE FL  
☐ DELETE

TITLE PTD  
NAME WINKELMAN, JEFF  
STREET ADDRESS 4179 N.STATE RD. 7  
CITY-ST-ZIP LAUDERDALE LAKES FL  
☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME SAUL, John  
1.3 STREET ADDRESS 10710 Eland Street  
1.4 CITY-ST-ZIP Boca Raton, FL 33248  
☒ Change ☐ Addition

2.1 TITLE PTD  
2.2 NAME CHIN, Noel J  
2.3 STREET ADDRESS 4541 N.W. 49th CT  
2.4 CITY-ST-ZIP COCONUT CREEK FL 33073  
☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE VD  
4.2 NAME Dr. Jane D. Steinberg  
4.3 STREET ADDRESS 7777 N. University Drive - Suite 201  
4.4 CITY-ST-ZIP Tamarac, FL 33321  
☒ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 617, 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:

SIGNATURE REQUIRED

*[Signature]* (Noel J. Chin) 8/4/99 (954) 570-7168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)