

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04274

1. Entity Name

C.L.M. CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90021 041 ****61.25

Principal Place of Business

4541 NW 49TH CT
COCONUT CREEK FL 33073
US

Mailing Address

4541 NW 49TH CT
COCONUT CREEK FL 33073-2921
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0049022

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHIN, NOEL J
4541 NW 49TH COURT
COCONUT CREEK FL 33073

Name

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

City

FL

Zip Code

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 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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SAUL, JOHN**
CITY-ST-ZIP **10710 ELAND STREET**
BOCA RATON FL 33248

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

TITLE ☐ Delete
NAME **PTD**
STREET ADDRESS **CHIN, NOEL J**
CITY-ST-ZIP **4541 NW 49TH CT**
COCONUT CREEK FL 33073

TITLE ☒ Change ☐ Addition
NAME **PTSD**
STREET ADDRESS **CHIN, NOEL J**
CITY-ST-ZIP **4541 N.W. 49th CT**
COCONUT CREEK FL 33073

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

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **GARDNER, PAULETTE A**
CITY-ST-ZIP **12000 N.W. 29th MANOR**
SUNRISE FL 33325

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **STEINBERG, DR JANEE D**
CITY-ST-ZIP **7777 N UNIVERSITY DR, S TE 201**
TAMARAC FL 33321

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Noel J. Chin NOEL J. CHIN 2/27/00 954-520-7168

Date

Daytime Phone #

CR2E037 (9/99)