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Jul 02, 2002 8:00 am
Secretary of State
07-02-2002 90813 034 ***150.00

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

DOCUMENT # N04274

1. Entity Name
C.L.M. CONDOMINIUM ASSOCIATION

DO NOT WRITE IN THIS SPACE

B0126766

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12000 NORTH WEST 29 MANOR	12000 NORTH WEST 29th MAN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SUNRISE, FLORIDA	City & State: SUNRISE, FLORIDA
Zip: 33323 Country: BROWARD	Zip: 33323 Country: BROWARD

4. FEI Number: 65-0049022 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: PAULETTE GARDNER

Street Address (P.O. Box Number is Not Acceptable): 12000 NORTH WEST 29th MANOR

City: SUNRISE FL Zip Code: 33323

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: X Paulette Gardner — 5/1/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
PTSD	DELETE
NOEL CHIN	
4541 NORTH WEST COURT	
COCONUT CREEK, FL 33073	
PTSD	ADD
PAULETTE GARDNER	
12000 NORTH WEST 29th MANOR	
SUNRISE, FLORIDA 33323	
D	
JOHN SAUL	
9722 NORTH WEST 46th MANOR	
CORAL SPRINGS, FLORIDA 33076	
D	
JANEE STEINBERG M.D.	
8709 BANYAN COURT	
TAMARAC, FLORIDA 33321	
D	ADD
PATRICK LEWIS	
4141 NORTH WEST 5th STREET #218	
PLANTATION, FLORIDA 33317	

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CR2E037B (12/01)

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: Paulette Gardner — 5/1/02 — (954)752-8007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #