

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90245 026 ****61.25

DOCUMENT # N08617

1. Entity Name

CORAL SPRINGS COMMERCIAL PLAZA CONDOMINIUM ASSOC

Principal Place of Business

Mailing Address

12323 NORTHWEST 35TH STREET
 CORAL SPRINGS FL 33065

12323 NORTHWEST 35TH STREET
 CORAL SPRINGS FL 33065

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

59-2360241

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOFFER, ALLEN R.
12329 N.W. 35TH ST.
CORAL SPRINGS FL 33065

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|---------------------|---|------|
| TITLE | NAME | TITLE | NAME |
| VD | HOFFER, ALLEN R. | | |
| | 12329 N.W. 35TH ST. | | |
| | CORAL SPRINGS FL | | |
| D | FOGUTH, DEBBIE | | |
| | 12329 NW 35TH ST | | |
| | CORAL SPRGS FL | | |
| D | BREWER, PAUL E | | |
| | 12321 NW 35TH ST | | |
| | CORAL SPRGS FL | | |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2001 (954) 753-5210

Date

Daytime Phone #

CR2E037 (10/00)