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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Cymbrinas Cay Condominium Association, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: David D. Gilman  
Name (Printed or typed)

PO Box 11007  
Address

Fort Lauderdale, Fl. 33339  
City, State & Zip

954 410 3030  
Daytime Telephone number

isle151@aol.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I    NAME**

The name of the corporation shall be: Cymbrinas Cay Condominium Association, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
151 Isle of Venice Drive

Fort Lauderdale, Florida 33301

Mailing address, if different is:  
PO Box 11007

Fort Lauderdale, FL.33339

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

A condominium association

**ARTICLE IV    MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_  
elected annually

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**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: David D. Gilman, Pres.      Name and Title: David D. Gilman, Director

Address: PO Box 11007      Address: same  
Fort Lauderdale, FL 33339

Name and Title: Gail E. Gilman, Secy/Treas.      Name and Title: Gail E. Gilman, Director

Address: PO Box 11007      Address: same  
Fort Lauderdale, FL. 33339

Name and Title: \_\_\_\_\_      Name and Title: Glenn Leonard, Director

Address: \_\_\_\_\_      Address: 2718 East Oakland Park Blvd  
Fort Lauderdale, FL. 33306

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: David D. Gilman  
Address: 151 Isle of Venice Drive  
Fort Lauderdale, FL 33301

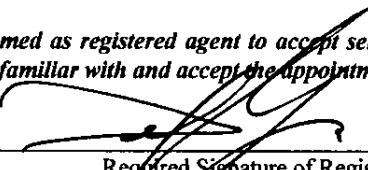
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TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: David D. Gilman  
Address: PO Box 11007  
Fort Lauderdale, FL 33339

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

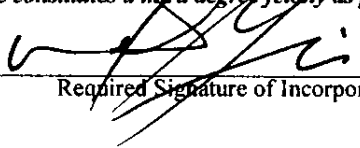


\_\_\_\_\_  
Required Signature of Registered Agent

January 15, 2015

\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



\_\_\_\_\_  
Required Signature of Incorporator

January 15, 2015

\_\_\_\_\_  
Date