2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N17467**

1. Entity Name

CORAL GATE HOMEOWNERS ASSOCIATION INC.



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90461 047 ****61.25

				TO WE TO					
PO BOX 450215 PO BO			O BOX 450215 IIAMI FL 33245			ALI IZAGI ALAKE BILIN LEDI BIBIL	IIIII BIZII AIRII AI	8 (1 8 (6)) 18 9)	
2. Principal Place of Business 3. Mail			Mailing Address						
Suite, Apt. #, etc. Suit			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 59-2928865]
Country Zip			Country		5. Certificate of Status Desired \$8.75 Addition			Iditional	1
6. Name and Address of Cur	rent Registered	d Agent			7. Name and Add	ress of New Registere	•		1.
32 CT			Name	e	,				
			City				• Zin Cor		4
tions of registered agent.	ent for the purpo	se of changing its i	 registered office	or registere	ed agent, or both, in	-	_ 1	and accept	
	agent and title if applic	cable. (NOTE:	: Registered Agent sig	nature required	when reinstating)	DATE			
FILE NOW: FEE IS \$61.25 OFFICERS AND DIRECTORS			9. Election Campaign Financing Trust Fund Contribution.			to Fees Florida Department of State			
	DIRECTORS	□ Dalata	-		ADDITIONS/CHANGE	ES TO OFFICERS AND I			اء
ANDREU, MARY 3270 SW 16 TERR MIAMI FL 33145		□ Delete	NAME	s			Change		F037 (10/02
VD LYDEN, EDWARD 1931 SW 36 AVE MIAMI FL 33145		□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s			☐ Change	☐ Addition	CR2
DORIS K SCHEER 1840 CORAL GATE DR MIAMI FL		Delete	NAME STREET AODRESS CITY-ST-ZIP	s			Change	Addition	
TD WILMA DICK 1670 SW 32ND CT MIAMI FL 33145		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	s ,			☐ Change	☐ Addition	
		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S			☐ Change	Addition	
		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5			Change	Addition	
	Place of Business . #, etc. . tte Country 6. Name and Address of Custle LIMA M / 32 CT . 33145 e named entity submits this statement of registered agent. Signature, typed or printed name of registered FILE NOW: FEE IS \$61,25 OFFICERS ANI PD ANDREU, MARY 3270 SW 16 TERR MIAMI FL 33145 VD LYDEN, EDWARD 1931 SW 36 AVE MIAMI FL 33145 VP DORIS K SCHEER 1840 CORAL GATE DR MIAMI FL TD WILMA DICK 1670 SW 32ND CT	Place of Business It #, etc. Country Country Sip 6. Name and Address of Current Registered LMA M 32 CT 33145 E named entity submits this statement for the purpositions of registered agent. Signature, typed or printed name of registered agent and title if applit FILE NOW: FEE IS \$61.25 OFFICERS AND DIRECTORS PD ANDREU, MARY 3270 SW 16 TERR MIAMI FL 33145 VD LYDEN, EDWARD 1931 SW 36 AVE MIAMI FL 33145 VP DORIS K SCHEER 1840 CORAL GATE DR MIAMI FL TD WILMA DICK 1670 SW 32ND CT	Place of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. City & State Country 7 ip 6. Name and Address of Current Registered Agent Address of Current Registered Agent Address of Current Registered Agent (NOTE FILE NOW: FEE IS \$61.25 9. Election Cam Trust Fund Co OFFICERS AND DIRECTORS PD ANDREU, MARY 3270 SW 16 TERR MIAMI FL 33145 VD Delete Delete Delete Doris K SCHEER 1840 CORAL GATE DR MIAMI FL TD WILMA DICK 1670 SW 32ND CT MIAMI FL 33145 Delete	A mailing Address PO BOX 450215 MIAMIF 1 33245 Place of Business 3. Mailing Address PO BOX 450215 MIAMIF 1 33245 Brace of Business 3. Mailing Address 4. Po BOX 450215 MIAMIF 1 33245 Brace of Business 3. Mailing Address 3. Mailing Address 3. Mailing Address 4. Poto 5. View Apt. #, etc. Country 6. Name and Address of Current Registered Agent Street City & State City & State City & State City & State City & Street City & State City & Street Name Street Agent as a part as a part as a part and title of applicable. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. Trust Fund Contribution. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. The Anne Contribution. T	A Mailing Address PO BOX 490215 MIAMI FL 33245 US Place of Business 3. Mailing Address PO BOX 490215 MIAMI FL 33245 US Place of Business 3. Mailing Address 3. Mailing Address Left to Suite, Apt. #, etc. Ite Country Suite, Apt. #, etc. Country Suite, Apt. #, etc. Country Street Address of Current Registered Agent Name LMA M 32 CT 33145 City Signature, lyped or privided name of registered agent and title if applicable. NOTE: Registered Agent signature required for registered agent. NOTE: Registered Agent signature required for the purpose of changing its registered office or registered of registered agent. Signature, lyped or privided name of registered agent and title if applicable. NOTE: Registered Agent signature required for the purpose of changing its registered office or registered agent. NOTE: Registered Agent signature required for the purpose of changing its registered office or registered agent. Signature, lyped or privited name of registered agent and title if applicable. NOTE: Registered Agent signature required for the purpose of changing its registered office or registered agent. Name Signature, lyped or privited name of registered agent and title if applicable. NOTE: Registered Agent signature required for the purpose of changing its registered office or registered agent. Name Signature, lyped or privited name of registered agent and title if applicable. NOTE: Registered Agent signature required for the purpose of changing its registered office or register required for the purpose of changing its registered office or register required for the purpose of changing its registered office or registered agent. ILMA M Street Address (1) Delete NOTE: Registered Agent signature required for the purpose of changing its registered office or registered agent. Name Street Address (1) Delete NOTE: Registered Agent signature required for the purpose of changing its registered office or reg	Mailing Address 15 PO BOX 450215 MIAMIR 33245 US Place of Business 3. Mailing Address US Place of Business 4. FEI Number 56 US Country Zip Country Zip Country 5. Certificate of St 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is N Size an ammed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in tions of registered agent. Signature hyper or priced name of registered agent and tibe if spicicable. NOTE: Registered Agent signature required when refinations) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Find Contribution. Signature Trust Find Contribution. Added to Fees Trust Find Contribution. Delete Title NAME MIAMIR 1. 33145 VP Delete MIAMIR 1. 33145 VP DORISK SCHEER 1930 CRY-51-2P TITLE NAME STRET ADDRESS CRY-51-2P Delete STRET ADDRESS CRY-51-2P TITLE NAME STRET ADDRESS CRY-51-2P Delete STRET ADDRESS CRY-51-2P Delete	The of Business	The of Business	The Business Mailing Address Po Box 40215 Mailing Address

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:

Wilmas M. PULERE (WIRMA)M. DICK

3-11-03

305-445-3898