

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N23697**

1. Entity Name

ANCHOR BAY CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**300 THREE ISLAND BLVD.
HALLANDALE FL 33009-2800**

Mailing Address

**300 THREE ISLAND BLVD.
HALLANDALE FL 33009-2800**

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

65-0017694

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

**COOK, MORRIS
300 THREE ISLANDS BLVD
PH-3A
HALLANDALE FL 33009**

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

Morris Cook

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-14-02

DATE

FILE NOW: FEE IS \$61.259. 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	PD	☐ Delete
NAME	COOK, MORRIS	
STREET ADDRESS	300 THREE ISLANDS BLVD., PH-3A	
CITY-ST-ZIP	HALLANDALE FL 33009	

TITLE	SD	☐ Delete
NAME	RUDISCH, BEATRICE	
STREET ADDRESS	300 THREE ISLANDS BLVD., #402	
CITY-ST-ZIP	HALLANDALE FL 33009	

TITLE	SD	☐ Delete
NAME	SAMUEL, MICHAEL	
STREET ADDRESS	300 THREE ISLANDS BLVD., #608	
CITY-ST-ZIP	HALLANDALE FL 33009	

TITLE	TD	☐ Delete
NAME	GUSKY, CHARLES	
STREET ADDRESS	300 THREE ISLANDS BLVD., #207	
CITY-ST-ZIP	HALLANDALE FL 33009	

TITLE	VPD	☐ Delete
NAME	BRENNER, SAMUEL	
STREET ADDRESS	300 THREE ISLANDS BLVD., #111	
CITY-ST-ZIP	HALLANDALE FL 33009	

TITLE	D	☐ Delete
NAME	MURASKIN, JOSEPH	
STREET ADDRESS	300 THREE ISLANDS BLVD., #512	
CITY-ST-ZIP	HALLANDALE FL 33009	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE	☐ Change ☐ Addition
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:

Morris Cook **REQUIRED***2-14-02**934-458-4855*

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)