2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 02, 2000 8:00 am
Secretary of State
02-13-2000 90013 049 ****61.25

DOCUMENT # N39099

1. Entity Name

CORAL PALMS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6700 NW 88TH AVENUE N. PINE ISLAND RD. TAMARAC FL 33321	6700 NW 88TH AVENUE N. PINE ISLAND RD. TAMARAC FL 33321-3725

DO NOT WRITE IN THIS SPACE

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 65-0315889 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LUCCA, ANTHONY P
6708 N.W. 88TH AVENUE
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name SONNY GENTILE
Street Address (P.O. Box Number is Not Acceptable) 6706 N.W. 88 AVE
City TAMARAC FL Zip Code 33321

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 _____ 1/26/00
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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TVP KAPLAN, MYRON 6712 N.W 88TH AVENUE TAMARAC FL 33321	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	PRES SONNY GENTILE 6706 N.W. 88 AVE TAMARAC FL 33321	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSSELL, FRANK 6470 NW 88TH AVENUE TAMARAC FL 33321	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	V. PRES NANCY GILBERT 6718 NW 88AVE TAMARAC FL 33321	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LUCCA, ANTHONY P 6708 N.W. 88TH AVENUE TAMARAC FL 33321	☑ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	SEC. + TREAS. FRANK D. ROSSELL 6740 N.W. 88AVE TAMARAC FL 33321	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TTR LUCCA, SHIRLEY A 6708 N.W. 88TH AVENUE TAMARAC FL 33321	☑ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	SGT AT ARMS ROBERT MILES 6746 N.W. 88 AVE TAMARAC FL 33321	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SMITH, DIANE 6720 SW 88TH AVE TAMARAC FL 33321	☑ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	SGT. AT ARMS MYRON KAPLAN. 6712 N.W. 88 AVE TAMARAC, FL 33321	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: X SIGNATURE REQUIRED 1-26-00 954-726-3547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #