

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90195 006 ****61.25

DOCUMENT # N43591

Entity Name



**SLAMORADA AT CORAL BAY VILLAGE ASSOCIATION,
NC.**

Principal Place of Business

Mailing Address

2/O SUNDANCE PROPERTY MANAGEMENT CORP/O SUNDANCE PROPERTY MANAGEMENT CORP
1510 W SAMPLE RD., #5
CORAL SPRINGS FL 33065
JS

24068274



MOORE CR2E037 (11/03)

1. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0404359

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SUNDANCE PROPERTY MANAGEMENT CORPORATION
11510 W. SAMPLE RD. #5
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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME **MARCHUCK, JEFFREY C**
STREET ADDRESS **3275 W. BUENA VISTA DR**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☒ Delete
NAME **PEEK, GEORGE**
STREET ADDRESS **3282 W. BUBNA VISTA DR.**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☒ Delete
NAME **LEE, MINDY**
STREET ADDRESS **3274 W BUENA VISTA DR**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☒ Delete
NAME **SOAREZ, FRANCISCO**
STREET ADDRESS **3163 W BUENA VISTA DR**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☒ Delete
NAME **KUMAGAE, GLADIS**
STREET ADDRESS **11510 W. SAMPLE RD, #5**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer.** ☐ Change ☒ Addition
NAME **Cindy Singh**
STREET ADDRESS **3258 W. Buena Vista Dr.**
CITY-ST-ZIP **Margate, FL 33063**

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

TITLE **ALT. TREASURER/DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **Antonio Spavento**
STREET ADDRESS **3194 W. Buena Vista Dr.**
CITY-ST-ZIP **Margate, FL 33063**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **Amy Berger**
STREET ADDRESS **3266 W Buena Vista Drive**
CITY-ST-ZIP **Margate, FL 33063**

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

Date

Daytime Phone #

Res. 4/28/04 954 971-4195