

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90131 032 ****61.25

DOCUMENT # N44355

1. Entity Name
CORAL RIDGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

C/O MILLER, KATHY
2 OCEANVIEW DR. APT 3
OCEANRIDGE FL 33435-7361
US

Mailing Address

C/O MILLER, KATHY
2 OCEANVIEW DR. APT 3
OCEAN RIDGE FL 33435
US

2. Principal Place of Business

3. Mailing Address

Don McCloskey

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2 OCEANVIEW DR #6

City & State

City & State

OCEAN RIDGE

Zip

Country

Zip

Country

33435 Palm Beach

4. FEI Number **65-0275648**

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

MILLER, KATRINA R
2 OCEANVIEW DR
APT 3
OCEAN RIDGE FL 33435

Name *Don McCloskey SEC.*

Street Address (P.O. Box Number is Not Acceptable)
2 OCEANVIEW DR #6

City
OCEAN RIDGE

FL

Zip Code
33435

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

Don McCloskey
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

SEC.

4/01/2003
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	☒ Delete
NAME	MILLER, KATRINA R	
STREET ADDRESS	2 OCEANVIEW DRIVE, #3	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	VPD	☒ Delete
NAME	SIEBEL, RICHARD	
STREET ADDRESS	2 OCEANVIEW DR., #1	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	SD	☐ Delete
NAME	MCCLOSKEY, DONALD	
STREET ADDRESS	2 OCEANVIEW DR., #6	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTD	☒ Change ☐ Addition
NAME	SIEBEL, RICHARD	
STREET ADDRESS	2 OCEANVIEW DR #6	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE	VPD	☐ Change ☒ Addition
NAME	Jeff Phillips	
STREET ADDRESS	2 OCEANVIEW DR #3	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
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

Donald McCloskey
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

CR2E037 (10/02)