2000 UNIFORM BUSINESS REPORT (UBR)

PETENCLINA EPATATIA ET GUTA ED

SIGNATURE: .

FILED Mar 23, 2000 8:00 am Secretary of State DOCUMENT # N94000004961 1. Entity Name CORAL ISLE CONDOMINIUM ASSOCIATION (BROWARD COUN 03-23-2000 90029 030 ****61.25 Mailing Address Principal Place of Business 3077 N.W. 92ND AVENUE 3077: N.W., 92ND_AVENUE CORAL SPRINGS FL 33065-1429 CORAL-SPRINGS: FL: 330657 3. Mailing Address 2. Principal Place of Business NW 92 AUE 3079 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FFI Number speings NOT APPLICABLE Not Applicable Collai 71p 33065 Country \$8.75 Additional \Box 5. Certificate of Status Desired AZÜBA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent L. Affatati Street Address (P.O. Box Number is Not Acceptable) SEHR, CARRIE 3077 N.W. 92ND AVENUE **CORAL SPRINGS FL 33065** 33065 coral spanies gistared agent, or both, in the state of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office **SIGNATURE** (NOTE: Registered Agent signature required when constating 9., Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. \Box Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. Change ☐ Addition DP Delete TITLE TITLE JUDY HASTE 3081 NW 92 NAME NAME SEHR, CARRIE STREET ADDRESS STREET ADDRESS 3077 N.W. 92ND AVENUE coeal speives 33065 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME WASIELAK, SANDY STREET ADDRESS STREET ADDRESS 3071 N.W. 92ND AVENUE CITY-ST-ZIE CITY-ST-ZIP **CORAL SPRINGS FL 33065** ☐ Addition Change ☐ Delete TITLE TITLE TD NAME AFFATATI, PETER NAME STREET ADDRESS STREET ADDRESS 3079 N.W. 92ND AVENUE CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Addition TITLE ☐ Channe TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change Change ☐ Delete MARAE STREET ADDRESS STREET ADDRESS, CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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