

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9400005320

CORAL RIDGE MALL MERCHANTS' ASSOCIATION, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

21

22

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

%GUMBERG ASSET MANAGEMENT CORP. 3200 N FEDERAL HIGHWAY FT LAUDERDALE FL 33306

%GUMBERG ASSET MANAGEMENT CORP. ~ 3200 N FEDERAL HIGHWAY FT LAUDERDALE FL 33306

## **FILED** Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90081 047 \*\*\*\*61.25



Applied For

Not Applicable

3. Date Incorporated or Qualifed

10/26/1994

65-0531326

4. FEI Number

City & Stat	e	L '	City & State				5. Certificate of Status Desired		\$8.75 A		
23		28							Fee Red	·	
Zip	Country	intry Zip			try		6. Election Campaign Financing		\$5.00 t	, ,	
24	25 29 30			1			Trust Fund Contribution		Added to	Fees	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
					81	Name				€.	
ALLEN, RICHARD L				82 Street Addre			ess (P.O. Box Number is Not Accept	able)	<u> </u>		
100 SE 2ND STREET				83							
21ST FLOOR				83							
MIAMI FL 33131				8	34	City		FL	85 Zip C	ode	
11. Pursuant	to the provisions of Sections 617.0502	1508, Florida Statutes,	the abo	ove-	named corpo	oration submits this statement for the	purpose of	changing its r	registered		
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.											
ū	THE PARTIES WITH CITY GOODS TO CONSULT										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
12.	OFFICERS AND DIRECTORS						ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	D	☐ DELETÉ	1.1 TITU	E				☐ Change	☐ Addition		
NAME .	FOX, GLENN			1.2 NAM							
STREET ADDRESS	3200 N FEDERAL HIGHWAY		1.3 STRE	EETA	VDDRESS						
CITY-ST-ZIP	FT LAUDERDALE FL 33306			1.4 CITY-		ZIP			<u> </u>		
TITLE	D		☐ DELETE	2.1 TITLE			•		☐ Change	Addition	
NAME	HOLLAND, TOBY			2.2 NAM	E						
STREET ADDRESS	3200 N FEDERAL HIGHWAY			2.3 STRE	EET#	OORESS				ļ	
CITY-ST-ZIP	FT LAUDERDALE FL 33306	•		2. 4 CITY	Y-5T	-ZIP		+,g=+marr +			
TITLE	D		☐ DELETE	3.1 TITLE					Change	☐ Addition	
NAME	MICHEAU, JUDITH			3.2 NAM	Œ						
STREET ADDRESS	3200 N FEDERAL HIGHWAY			3.3 STRE	EETA	NDDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL 33306			3.4. CITY	Y-ST	ZIP					
TITLE			☐ DELETE	4.1 TITLE	E				☐ Change	☐ Addition	
NAME				4. 2 NAW				•			
STREET ADDRESS	•			4.3 STRE	EETA	NDDRESS					
CITY-ST-ZIP	<u>-</u>			4.4 CITY		ZIP					
TITLE			DELETE	5.1 TITLE					☐ Change	☐ Addition	
NAME				5.2 NAM							
STREET ADDRESS						ADDRESS				-	
CITY-ST-ZIP				5.4 CITY		ZIP			Change	- Addition	
TITLE			☐ DELÉTE	6.1 TITLE			•	•	Change	☐ Addition	
NAME				6.2 NAM						}	
STREET ADDRESS	÷					DORESS					
CITY-ST-ZIP				6.4 CITY	-51-	ZIP					

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.