

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000005320**

1. Entity Name  
**CORAL RIDGE MALL MERCHANTS' ASSOCIATION, INC.**



Principal Place of Business

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

Mailing Address

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



02282006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0531326** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALLEN, RICHARD L  
100 SE 2ND STREET  
21ST FLOOR  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FOX, GLENN  
3200 N FEDERAL HIGHWAY  
FT LAUDERDALE, FL 33306**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HOLLAND, TOBY  
3200 N FEDERAL HIGHWAY  
FT LAUDERDALE, FL 33306**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MICHEAU, JUDITH  
3200 N FEDERAL HIGHWAY  
FT LAUDERDALE, FL 33306**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

100000453782  
03/08/06 133047 005 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Judith Michau*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/6/06**  
Date

**954-537-2700**  
Daytime Phone #