

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90061 039 \*\*\*\*61.25

**DOCUMENT # N96000002119**

1. Entity Name

**CORAL REEF CLUB HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1350 EAST NEWPORT CENTER DRIVE STE 200  
 DEERFIELD BEACH FL 33442

951 BROKEN SOUND PKWY  
 STE 250  
 BOCA RATON FL 33487-3506

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0674375**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COMMUNITY ASSOC. SERVICES**  
**951 BROKEN SOUND PKWY**  
**SUITE 250**  
**BOCA RATON FL 33487**

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.

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**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	LESSNE, TRUDY	5669 NW 99TH LANE	CORAL SPRINGS FL 33076	<input type="checkbox"/>
DV	JUDICIANI, SARA	9823 NW 57TH AVE	CORAL SPRINGS FL 33076	<input type="checkbox"/>
DS	MOORE, MICHELE	5633 NW 99TH WAY	CORAL SPRINGS FL 33076	<input type="checkbox"/>
DT	WEINTRAUB, STACY	9918 NW 56TH PLACE	CORAL SPRINGS FL 33076	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
President PD	DAVID OWEN	7965 N.W. 57TH MANOR	CORAL SPRINGS, FL 33076	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice President VPD	FRANK A. POLLAK	9826 NW 57TH MANOR	CORAL SPRINGS, FL 33076	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary DS	Dwynnart. Cauley	9876 NW 56TH PLACE	CORAL SPRINGS, FL 33076	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treasurer DT	Stacy S. Weintraub	9918 NW 56th Place	Coral Spring FL 33076	<input type="checkbox"/>	<input type="checkbox"/>
Director D	MARVIN ELIOT	5655 NW 99 LA.	CORAL SPRING FL 33076	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Stacy S. Weintraub* Treasurer

Date: *3/22/00*

9541761-1011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #