

2001 UNIFORM BUSINESS REPORT (UBR)

5/19

FILED
Jun 21, 2001 8:00 am
Secretary of State

05-19-2001 90276 045 ****61.25

DOCUMENT # **N 96 00002119**

- CORAL REEF CLUB HOA

(CP)

Principal Place of Business **C/O Residential Mgmt**

2. Principal Place of Business **4350 NW 19th Ave Ste C**
 3. Mailing Address **P.O. Box 97-0069**

City & State **Pompano Beach FL** City & State **BOCA RATON FL**
 Zip **33064** Country **US** Zip **33497** Country **US**

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

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
 Name **GARY TALOMBI**
 Street Address (P.O. Box Numbers Not Acceptable) **4350 NW 19th Ave Ste C**
 City **Pompano Beach FL** Zip Code **33064**

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 DATE **6-13-01**

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD DAVID OWEN
STREET ADDRESS	9965 NW 57th Ave
CITY-ST-ZIP	Coral Springs FL 33076
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP FRANK POLLACK
STREET ADDRESS	9826 NW 57th Ave
CITY-ST-ZIP	Coral Springs FL 33076
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD Beverly Berglund
STREET ADDRESS	9892 NW 56th Place
CITY-ST-ZIP	Coral Springs FL 33076
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D. MARVIN ELIAS
STREET ADDRESS	5655 NW 99th Lane
CITY-ST-ZIP	Coral Springs FL 33076
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

2. 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: **SIGNATURE REQUIRED PRESIDENT 4/26/01**

CR2E037 (10/00)