

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90060 036 ****61.25

0075696

DOCUMENT # N96000002119

1. Entity Name

CORAL REEF CLUB HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4350 NW 19TH AVE.
 STE. C
 POMPANO BEACH FL 33064
 US

PO BOX 97-0069
 BOCA RATON FL 33497
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0674375

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PALOMBI, GARY
4350 NW 19TH AVE.
POMPANO BEACH FL 33064

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	PD	<input type="checkbox"/> Delete
NAME	OWEN, DAVID	
STREET ADDRESS	9965 NW 57TH MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	POLLAK, FRANK A	
STREET ADDRESS	9826 NW 57TH MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	CAUMLEY, EDWYNNAM	
STREET ADDRESS	9876 NW 56TH PLACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	WEINTRAUB, STACY	
STREET ADDRESS	9918 NW 56TH PLACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELIAS, MARVIN	
STREET ADDRESS	5655 NW 89 LA	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BERGLUND, BEVERLY	
STREET ADDRESS	9892 NW 56TH PLACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK MARKOVICH	
STREET ADDRESS	9905 NW 57th MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Theresa Macias	
STREET ADDRESS	9957 NW 57th MANOR	
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		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marty Michaels	
STREET ADDRESS	5736 NW 99th LANE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/02

Date

Daytime Phone #

CR2E037 (9/01)