

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91271 028 ****61.25

UBR1580

DOCUMENT # N96000002119

1. Entity Name
CORAL REEF CLUB HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**4350 NW 19TH AVE.
STE. C
POMPANO BEACH FL 33064
US**

Mailing Address
**PO BOX 97-0069
BOCA RATON FL 33497
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **65-0674375**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

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	MARKOVICH, FRANK	
STREET ADDRESS	9905 NW 57TH MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MACIAS, THERESA	
STREET ADDRESS	9957 NW 57TH MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MICHAELS, MARTY	
STREET ADDRESS	5736 NW 99TH LANE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD Mickey Parnes	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9973 NW 57th Manors	
STREET ADDRESS	CORAL SPRINGS FL 33076	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda DiFranzo	
STREET ADDRESS	9934 NW 56th Pl	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED** Date: **4/24/03**

CR2E037 (10/02)