

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90191 047 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N96000002931**

1. Entity Name

**INDIAN KEY AT CORAL BAY VILLAGE ASSOCIATION, INC**

Principal Place of Business

Mailing Address

7101 W COMMERCIAL BLVD  
 4-A  
 FT LAUDERDALE FL 33319

P.O. BOX 26478  
 FT LAUDERDALE FL 33320-6478

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0814426**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WINSTON, ANDREW Y**  
**500 SOUTHEAST 17 ST**  
**SUITE 200**  
**FORT LAUDERDALE FL 33316**

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

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DP <input type="checkbox"/> Delete <b>MINNICH, LINDA</b> 6229 SEMINOLE TERR MARGATE FL 33063	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DEBRA L OLITZKY</b> 3329 APACHE LANE MARGATE FL 33063
DS <input checked="" type="checkbox"/> Delete <b>SERUR, YVONNE</b> 3355 CHICKEE LANE MARGATE FL 33063	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MARIE HERSKOVITS</b> 6220 SEMINOLE TERR MARGATE FL 33063
DT <input type="checkbox"/> Delete <b>FARLEY, TRACY C</b> 3309 ORINOCO LANE MARGATE FL 33063	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Linda Minnich* **Linda Minnich** 3/29/00 954-974-0812  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)