

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000073642**

1. Entity Name  
**GOLD COAST CONCIERGE ASSOCIATION, INC.**



Principal Place of Business  
**4031 NE 16TH TERRACE  
OAKLAND PARK FL 33334**

Mailing Address  
**P.O BOX 2460  
FORT LAUDERALE FL 33303**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**65-0942230**

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**

**MESOUIA, LISA M  
1313 S.W 17TH ST  
FT.LAUDERDALE FL 33515**

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

~~After May 1, 2003, Fee will be \$550.00~~

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**

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

**10. OFFICERS AND DIRECTORS**

**11.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MESSINA, LISA M</b> <b>1313 SW 17TH ST</b> <b>FORT LAUDERDALE FL 33315</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>TARA GARTNER</b> <b>6800 APPALOOSA TRAIL</b> <b>FORT LAUDERDALE, FL 33330</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MADDOX, DONNA</b> <b>340 SUNSET DRIVE APT. 1104</b> <b>FORT LAUDERDALE FL 33301</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRES. OF OPERATIONS</b> <b>JAN TAYLOR</b> <b>760 NE 74 ST</b> <b>BOCA RATON 33481</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>KRAET, DAVID R</b> <b>8710 SW 55 AVE</b> <b>FORT LAUDERDALE FL 33314</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRES MEMBERSHIP</b> <b>JAN CASBERG</b> <b>1930 NE 22 AVE APT L214</b> <b>WILTON MANORS 33305</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GARTNER, TARA</b> <b>6800 APPALOOSA TRAIL</b> <b>FORT LAUDERDALE FL 33330</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>JOSEPH TELEMAQUE</b> <b>801 NW 49th AVE</b> <b>PLANTATION FL 33317</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>DAVID KRAFT</b> <b>3710 SW 55 AVE</b> <b>DAVIE 33314</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 607, 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 RECORDED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/28/03 954-766-6184*

Date

Daytime Phone #

CR2E034 (10/02)