

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90164 007 ***150.00

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 LAUDERDALE 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

7. Name and Address of New Registered Agent

**MESOIUA, 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
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **MESSINA, LISA M**
STREET ADDRESS **1313 SW 17TH ST**
CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **TARA GARTNER**
STREET ADDRESS **6800 APPALOOSA TRAIL**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33330**

TITLE **D** ☐ Delete
NAME **MADDOX, DONNA**
STREET ADDRESS **340 SUNSET DRIVE APT. 1104**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **VICE-PRES. OF OPERATIONS** ☒ Change ☐ Addition
NAME **JAN TALLE**
STREET ADDRESS **1700 NE 74 ST**
CITY-ST-ZIP **BOCA RATON 33487**

TITLE **SD** ☐ Delete
NAME **KRAET, DAVID R**
STREET ADDRESS **8710 SW 55 AVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33314**

TITLE **VICE-PRES MEMBERSHIP** ☐ Change ☒ Addition
NAME **JAN CASBERG**
STREET ADDRESS **1930 NE 2ND AVE APT L214**
CITY-ST-ZIP **WILTON MANORS 33305**

TITLE **VP** ☐ Delete
NAME **GARTNER, TARA**
STREET ADDRESS **6800 APPALOOSA TRAIL**
CITY-ST-ZIP **FORT LAUDERDALE FL 33330**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **JOSEPH TELEMACHE**
STREET ADDRESS **601 NW 49TH AVE**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **DAVID KRAFT**
STREET ADDRESS **3710 SW 55 AVE**
CITY-ST-ZIP **DAVIE 33314**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(l), 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/03

954-766-6184
Date Daytime Phone #

CR2E034 (10/02)