

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90072 050 ***150.00

DOCUMENT # S72978

1. Entity Name
CONDO MANAGEMENT ALTERNATIVE, INC.



Principal Place of Business
**9365 W. SAMPLE RD.
STE 203-A
CORAL SPGS FL 33065
US**

Mailing Address
**9365 W SAMPLE RD
203
CORAL SPRINGS FL 33065
US**



2. Principal Place of Business

3. Mailing Address

P.O. BOX 8506

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
CORAL SPRINGS, FL

4. FEI Number **65-0279810**

Applied For
Not Applicable

Zip

Country

Zip

Country

33065

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

**SAATHOFF, ANNE
9365 W SAMPLE RD
203
CORAL SPRINGS FL 33065**

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 **SAATHOFF, ANNE**
STREET ADDRESS **9365 W SAMPLE ROAD #203**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **P.O. Box 8506**
CITY-ST-ZIP **CORAL SPRINGS, FL 33075**

TITLE **VD** ☐ Delete
NAME **SAATHOFF, RONALD**
STREET ADDRESS **9365 W SAMPLE RD., #203**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **P.O. Box 8506**
CITY-ST-ZIP **CORAL SPRINGS, FL 33075**

TITLE **SD** ☐ Delete
NAME **DINKEL, DAVID**
STREET ADDRESS **9365 W. SAMPLE RD. #203**
CITY-ST-ZIP **CORAL SPRINGS FL**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **P.O. Box 8506**
CITY-ST-ZIP **CORAL SPRINGS, FL 33075**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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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 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**
Saathoff, Anne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/03
Date

954-752-4796
Daytime Phone #

CR2E034 (10/02)