

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2001 8:00 am
Secretary of State
 01-16-2001 90011 019 ****61.25

0046390

DOCUMENT # 703107
 1. Entity Name
CORAL RIDGE ASSOCIATION INC

Principal Place of Business % HARRIET KAYE 1100 SEMINOLE DR FORT LAUDERDALE FL 33304-4544	Mailing Address % HARRIET KAYE 1100 SEMINOLE DR FORT LAUDERDALE FL 33304-4544
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>Fort Lauderdale, FL</i>	3. Mailing Address Suite, Apt. #, etc.
City & State <i>Florida 33304</i>	City & State
Zip <i>33304</i>	Country
Country <i>Broward</i>	Zip

4. FEI Number 59-6153214	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
KAYE, HARRIET
1100 SEMINOLE DR
FORT LAUDERDALE FL 33304-4544

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		<input type="checkbox"/> Delete
TITLE P	KAYE, HARRIET 1100 SEMINOLE DR FT LAUDERDALE FL	<input type="checkbox"/>
TITLE VP/D	MASSEY, AL 2510 NE 13TH ST FORT LAUDERDALE FL 33304	<input type="checkbox"/>
TITLE RS	HOUSE, JOSIE 2406 FRYER POINT FORT LAUDERDALE FL 33305	<input type="checkbox"/>
TITLE D	ANDERSON, ROBERT 2609 NE 22ND ST FT. LAUDERDALE FL	<input type="checkbox"/>
TITLE D	AURELIUS, JOHN 2864 NE 24TH CT FT LAUDERDALE FL	<input type="checkbox"/>
TITLE D	GROSSMAN, INGA 2736 NE 26TH ST FT. LAUDERDALE FL	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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: *Harriet Kaye* **President**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E037 (10/00)