

8/13

FILED
Aug 27, 2002 8:00 am
Secretary of State

08-13-2002 90223 019 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703107

1. Entity Name

CORAL RIDGE ASSOCIATION INC

Principal Place of Business

Mailing Address

HARRIET KAYE
1100 SEMINOLE DR
FORT LAUDERDALE FL 33304-4544

% HARRIET KAYE
1100 SEMINOLE DR
FORT LAUDERDALE FL 33304-4544

44191

2. Principal Place of Business

3. Mailing Address

c/o Albert P. Massey, III

c/o Albert P. Massey, III

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2455 E. Sunrise Blvd.

2455 E. Sunrise Blvd. Ste 1100

DO NOT WRITE IN THIS SPACE

City & State Suite 1100

City & State

Ft. Lauderdale, FL

Ft. Lauderdale, FL

4. FEI Number

59-6153214

Applied For

Not Applicable

Zip

Country

33304

USA

Zip

Country

33304

USA

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

KAYE, HARRIET
1100 SEMINOLE DR
FORT LAUDERDALE FL 33304-4544

Name
Albert P. Massey, III
Street Address (P.O. Box Number is Not Acceptable)
2455 E. Sunrise Blvd.
Suite 1100
City
Fort Lauderdale, FL Zip Code
33304

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.

Albert P. Massey, III
President 2001-2002

SIGNATURE

Coral Ridge Association, Inc.

Albert P. Massey, III July 17, 2002

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

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

TITLE	Pres./D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Albert P. Massey, III	
STREET ADDRESS	2455 E. Sunrise Blvd., Ste. 1100	
CITY-ST-ZIP	Fort Lauderdale, FL 33304	
TITLE	V. Pres./D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dr. Robert Helmholtz	
STREET ADDRESS	1248 Seminole Drive	
CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
TITLE	Rec. Sectry./D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peggy Kiser	
STREET ADDRESS	2633 N.E. 26th Terrace	
CITY-ST-ZIP	Ft. Lauderdale, FL 33306	
TITLE	Corr. Sectry./D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Dooley	
STREET ADDRESS	2849 N.E. 29th Street	
CITY-ST-ZIP	Ft. Lauderdale, FL 33306	
TITLE	Treas./D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doug Macke	
STREET ADDRESS	2649 Bayview Drive	
CITY-ST-ZIP	Ft. Lauderdale, FL 33306	
TITLE	Governor/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Aurelius	
STREET ADDRESS	2864 N.E. 24th Court	
CITY-ST-ZIP	Ft. Lauderdale, FL 33305	

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 filers empowered.

SIGNATURE:

Albert P. Massey, III, 7/17/02, 954-567-4119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment

Albert P. Massey III

2455 E. SUNRISE BOULEVARD
SUITE 1100
FORT LAUDERDALE, FLORIDA 33301-3400

42191
703107

August 23, 2002


Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Revised Uniform Business Report

Gentlemen:

Herewith please find enclosed revised Uniform Business Report pursuant to your letter of August 14, 2002 with instructions to place letter "D" or "T" beside each name. We have placed a "D" indicating Directors next to each name and address as listed.

Very truly yours,



Albert P. Massey, III

APM:nd