


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90129 011 \*\*\*\*61.25

**DOCUMENT # 703107**

1. Entity Name  
**CORAL RIDGE ASSOCIATION INC**



Principal Place of Business  
**C/O ALBERT P MASSEY, III  
2455 E SUNRISE BLVD SUITE 1100  
FORT LAUDERDALE FL 33304  
US**

Mailing Address  
**C/O ALBERT P MASSEY, III  
2455 E SUNRISE BLVD SUITE 1100  
FORT LAUDERDALE FL 33304  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-6153214** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MASSEY, ALBERT P. III  
24555 E SUNRISE BLVD  
SUITE 1100  
FORT LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent  
Name **Alan Vordermeier**  
Street Address (P.O. Box Number is Not Acceptable) **2132 E. Oakland Park Blvd.**  
City **Fort Lauderdale, FL** Zip Code **33306**

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 *Alan E. Vordermeier* **Alan E. Vordermeier** DATE **1/17/03**

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MASSEY, ALBERT P III	
STREET ADDRESS	2455 E SUNRISE BLVD STE 1100	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	HELMHOLDT, ROBERT DR	
STREET ADDRESS	1248 SEMINOLE DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	RSD	<input type="checkbox"/> Delete
NAME	KISER, PEGGY	
STREET ADDRESS	2633 NE 26TH TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE	CSD	<input type="checkbox"/> Delete
NAME	DOOLEY, PAUL	
STREET ADDRESS	2849 NE 29TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MACKE, DOUG	
STREET ADDRESS	2649 BAYVIEW DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE	GD	<input type="checkbox"/> Delete
NAME	AURELIUS, JOHN	
STREET ADDRESS	2884 NE 24TH COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alan E. Vordermeier	
STREET ADDRESS	2132 E. Oakland Park Blvd.	
CITY-ST-ZIP	Ft. Lauderdale, FL. 33306	
TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Bishop	
STREET ADDRESS	1636 Coral Ridge Dr.	
CITY-ST-ZIP	Ft. Lauderdale, FL. 33305	
TITLE	RSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betsy Dow	
STREET ADDRESS	2133 Middle River Dr.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33305	
TITLE	CSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIKI Reuver	
STREET ADDRESS	1525 Coral Ridge Dr.	
CITY-ST-ZIP	Ft. Lauderdale, FL. 33304	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Cooney	
STREET ADDRESS	2420 N.E. 12 St.	
CITY-ST-ZIP	Ft. Lauderdale, FL. 33304	
TITLE	GD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Bodkin	
STREET ADDRESS	2525 N.E. 28 Street	
CITY-ST-ZIP	Ft. Lauderdale, FL. 33306	

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: *Alan E. Vordermeier* **Alan E. Vordermeier** DATE **1/17/03** **954-566-1661**

CR2E037 (10/02)