

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

**FILED**  
**Jun 16, 2003 8:00 am**  
**Secretary of State**

06-16-2003 90138 006 \*\*\*\*61.25

0022120

**DOCUMENT # 708618**

1. Entity Name

**1500 CORAL TOWERS CONDOMINIUM, INC.**



Principal Place of Business

**1500 N. E. 127TH STREET  
NORTH MIAMI FL 33161**

Mailing Address

**1500 N. E. 127TH STREET  
NORTH MIAMI FL 33161**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1118683**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**JONES, EVELYN  
1500 NE 127TH STREET  
#305  
N MIAMI FL 33161**

7. Name and Address of New Registered Agent

Name **MARY GARDNER**  
Street Address (P.O. Box Number is Not Accepted) **1500 NE 127ST.  
APT #106**  
City **Miami** FL **33161**

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 *MARY GARDNER* *Mary Gardner Pres.*  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GARDNER, MARY</b>	
STREET ADDRESS	<b>1500 NE 127TH ST</b>	
CITY-ST-ZIP	<b>N MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROSS, CHARLES W</b>	
STREET ADDRESS	<b>1500 NE 127TH ST APT 314</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33161</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>FREEMAN, MARY</b>	
STREET ADDRESS	<b>1500 NE 127TH ST APT 303</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33161</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP TONY WIMBAS</b>	
STREET ADDRESS	<b>1906 NE 127ST # 110</b>	
CITY-ST-ZIP	<b>MIAMI FL 33161</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *Charles W Ross* *Treas. 6/11/03*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)