

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # 703107 (3)  
1. Corporation Name  
CORAL RIDGE ASSOCIATION INC

FILED  
95 JAN 28 11 3 26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
200 EAST BROWARD BOULEVARD SUITE 1500 C/O BRIAN LEARY FT LAUDERDALE FL 33301

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/02/1961 3a. Date of Last Report 01/27/1994  
4. FEI Number 59-6153214 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
BRIAN LEARY  
200 EAST BROWARD BLVD  
FORT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent  
81 Name Brian Leary  
82 Street Address (P.O. Box Number is Not Acceptable) 200 EAST BROWARD BLVD  
83 SUITE 1500  
84 City Fort Lauderdale FL 85 Zip Code 33301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	LEARY, BRIAN
STREET ADDRESS	200 E BROWARD BLVD
CITY - ST - ZIP	FT LAUDERDALE FL 33301
TITLE	VP/D
NAME	MACK, DOUGLAS
STREET ADDRESS	200 E. BROWARD
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	S/D
NAME	KEARSON, PATRICIA
STREET ADDRESS	200 E BROWARD
CITY - ST - ZIP	FT LAUDERDALE, FL 00000
TITLE	T/D
NAME	MARCK, MARY EVA
STREET ADDRESS	200 E BROWARD BLVD
CITY - ST - ZIP	FT LAUDERDALE, FL 00000 FL 33301
TITLE	D
NAME	SULLIVAN, EDWARD
STREET ADDRESS	200 E BROWARD
CITY - ST - ZIP	FT LAUDERDALE, FL 00000 33301
TITLE	D
NAME	SEARLES, RICHARD K
STREET ADDRESS	200 E. BROWARD
CITY - ST - ZIP	FT. LAUDERDALE FL 33301

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Brian Leary, President 1/23/95  
 (305) 527-2456  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR