


12048 D-0360  
**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 20 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**  
  
 FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

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



Principal Place of Business Mailing Address  
 % BRIAN LEARY 901 SOUTH FEDERAL HWY., #300 FT LAUDERDALE FL 33316  
 % BRIAN LEARY 901 SOUTH FEDERAL HWY., #300 FT LAUDERDALE FL 33316

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

3. Date Incorporated or Qualified  
**11/02/1961**

4. FEI Number Applied For  
**59-6153214** 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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
**LEARY, BRIAN**  
**901 SOUTH FEDEAL HWY., #300**  
**FT. LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	LEARY, BRIAN	
STREET ADDRESS	901 S. FED. HWY #300	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	MACKE, DOUGLAS	
STREET ADDRESS	901 S. FED. HWY #300	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	HOUSE, JOSIE	
STREET ADDRESS	901 SOUTH FEDERAL HWY #300	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	<del>TD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>STIMPSON, JAMES</del>	
STREET ADDRESS	<del>901 S. FED. HWY. #300</del>	
CITY-ST-ZIP	<del>FT. LAUDERDALE FL</del>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SULLIVAN, EDWARD	
STREET ADDRESS	901 S. FED HWY. #300	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEARLES, RICHARD K	
STREET ADDRESS	901 S. FED. HWY. #300	
CITY-ST-ZIP	FT. LAUDERDALE FL	

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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D. Massery
4.3 STREET ADDRESS	901 S. Fed Hwy # 300
4.4 CITY-ST-ZIP	Pt Lauderdale FL 33316
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	T/D
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 1/7/98 (954)463-6755  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0036694

CR2E037 (10/97)