

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 733379 (2)**

**COUNTRY CLUB TOWER OF CORAL SPRINGS ASSOCIATION, INC.**



Principal Place of Business: 10777 W. SAMPLE RD. CORAL SPRINGS FL 33065  
Mailing Address: 10777 W. SAMPLE RD. CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified: **07/24/1975**  
3a. Date of Last Report: **03/02/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **59-1579150**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

MASON, DANIEL J. M.D.  
10777 W. SAMPLE ROAD  
CORAL SPRINGS FL 33065

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**OFFICERS AND DIRECTORS**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MASON, DR. DANIEL J	
STREET ADDRESS	10777 W SAMPLE RD	
CITY-ST-ZIP	CORAL SPRINGS, FL 00000 33065	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MCCANEY, MICHAEL	
STREET ADDRESS	10777 W SAMPLE RD	
CITY-ST-ZIP	CORAL SPRINGS, FL 00000 33065	
TITLE	M	<input type="checkbox"/> DELETE
NAME	IZONE, DOROTHY	
STREET ADDRESS	10777 W SAMPLE RD	
CITY-ST-ZIP	CORAL SPRINGS, FL 00000 33065	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ANDREANA, DANTE	
STREET ADDRESS	10777 W. SAMPLE RD	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SANDEROFF, NANCY	
STREET ADDRESS	10777 W SAMPLE RD	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NICHOLAS J. IARRICCIO	
2.3 STREET ADDRESS	10777 W. SAMPLE RD.	
2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
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 119.07(3)(k), 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]* **DATE:** 2/1/96 **PHONE:** (954) 752-3750  
 Daniel J. Mason, M.D., President

CR2E037 (12/95)