FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Feb 03 1998 8:00am
Secretary of State

DOCUMENT # 742166 (2)

1. Corporation Name

CORAL RIDGE COUNTRY CLUB ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2823 N.E. 36TH ST. FT LAUDERDALE FL 33308	2823 N.E. 36TH ST. FT LAUDERDALE FL 33308

3. Date Incorporated or Qualified: 03/22/1978

4. FEI Number: 59-2816175 ☐ Applied For ☐ Not Applicable

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

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	10. Name and Address of New Registered Agent
REYNOLDS, DOUGLAS 4875 N. FEDERAL HIGHWAY, 10TH FLOOR FT. LAUDERDALE FL 33308	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KINKER, LEONARD		1.2 NAME	
STREET ADDRESS	4710 N.E. 26TH AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DOS SANTOS, DIANE		2.2 NAME	
STREET ADDRESS	4360 NE 22 AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	O'CONNER, SHARON		3.2 NAME	
STREET ADDRESS	2609 NE 33RD STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LINDSAY, JOHN		4.2 NAME	
STREET ADDRESS	4110 BAYVIEW DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KATZ, GLORIA		5.2 NAME	
STREET ADDRESS	2823 N.E. 36TH STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MARKO, EDWARD J		6.2 NAME	
STREET ADDRESS	2719 NE 37TH DR		6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL		6.4 CITY-ST-ZIP	

CR2E037 (10/97)

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: JONATHAN DEGUIRE 1/6/98 954-772-5900