

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 19, 1999 8:00 am**  
**Secretary of State**

02-19-1999 90003 048 \*\*\*\*61.25

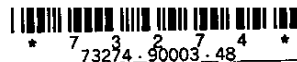
**DOCUMENT # 742166**

1. Corporation Name

**CORAL RIDGE COUNTRY CLUB ESTATES HOMEOWNERS ASSO  
CIATION, INC.**

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

Mailing Address  
2823 N.E. 36TH ST.  
FT LAUDERDALE FL 33308



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

**03/22/1978**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**59-2816175**

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DT  
NAME KINKER, LEONARD  
STREET ADDRESS 4710 N.E. 26TH AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE S  
NAME DOS SANTOS, DIANE  
STREET ADDRESS 4360 NE 22 AVE  
CITY-ST-ZIP FT LAUDERDALE FL

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME O'CONNER, SHARON  
STREET ADDRESS 2609 NE 33RD STREET  
CITY-ST-ZIP FT LAUDERDALE FL

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME LINDSAY, JOHN  
STREET ADDRESS 4110 BAYVIEW DRIVE  
CITY-ST-ZIP FT LAUDERDALE FL

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE PD  
NAME KATZ, GLORIA  
STREET ADDRESS 2823 N.E. 36TH STREET  
CITY-ST-ZIP FT LAUDERDALE FL

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME MARKO, EDWARD J  
STREET ADDRESS 2719 NE 37TH DR  
CITY-ST-ZIP FT LAUDERDALE FL

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/99 954-772 7905

CR2E037 (11/98)