

FILE NOW: FILING FEE IS \$61.25

FILED  
May 21 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 751203 (1)**  
1. Corporation Name  
**CORAL GARDENS II CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>2820 RIVERSIDER DRIVE #208 CORAL SPRINGS FL 33065</b>	Mailing Address <b>2820 RIVERSIDER DRIVE #208 CORAL SPRINGS FL 33065</b>
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3. Date Incorporated or Qualified <b>02/25/1980</b>	
4. FEI Number <b>59-2096569</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
**KAYE, ROBERT L. ESQ.  
8261 N.W. 8TH WAY  
SUITE 103  
FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 relating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAVAYA, RANDY	1.2 NAME	FISHER, NANCY
STREET ADDRESS	1784 N.W. 97TH TERRACE	1.3 STREET ADDRESS	2830 RIVERSIDE DRIVE #101
CITY-ST-ZIP	CORAL SPRINGS FL 33065	1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSON, FRANK	2.2 NAME	ABRAVAYA, RANDY
STREET ADDRESS	2810 RIVERSIDE DRIVE #101	2.3 STREET ADDRESS	1784 N.W. 97th TERRACE
CITY-ST-ZIP	CORAL SPRINGS FL 33065	2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAQUIN, VIRGINIA R	3.2 NAME	ANNETTE MASTERMAKER
STREET ADDRESS	2800 RIVERSIDE DRIVE #104	3.3 STREET ADDRESS	2830 RIVERSIDE DRIVE #203
CITY-ST-ZIP	CORAL SPRINGS FL 33065	3.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGENER, FLORENCE	4.2 NAME	
STREET ADDRESS	2820 RIVERSIDE DRIVE #204	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHILLING, PAULINE	5.2 NAME	
STREET ADDRESS	2830 RIVERSIDE DRIVE #104	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Florence Wagener* FLORENCE WAGENER, TREAS 5/12/98 954-785-2440

CR2E037 (10/97)