

FILE NOW: FILING FEE IS \$61.25

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Apr 15, 1999 8:00 am
Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 751203

1. Corporation Name
CORAL GARDENS II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
 2820 RIVERSIDER DRIVE #208
 CORAL SPRINGS FL 33065

Mailing Address
 2820 RIVERSIDER DRIVE #208
 CORAL SPRINGS FL 33065



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/25/1980	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2096569	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KAYE, ROBERT L. ESQ. 6261 N.W. 6TH WAY SUITE 103 FT. LAUDERDALE FL 33309				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, NANCY		1.2 NAME	WILLIAM DAWSON	
STREET ADDRESS	2830 RIVERSIDE DR 101		1.3 STREET ADDRESS	2810 RIVERSIDE #105	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAVAYA, RANDY		2.2 NAME	NANCY FISHER	
STREET ADDRESS	1784 NW 97TH TERR		2.3 STREET ADDRESS	2830 RIVERSIDE DRIVE #101	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTERMAKER, ANNETTE		3.2 NAME	RICHARD WINTERSTEIN	
STREET ADDRESS	2830 RIVERSIDE DR 203		3.3 STREET ADDRESS	2820 RIVERSIDE DRIVE #201	
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, with all other like empowered.

SIGNATURE: Florence Wagener **SIGNATURE REQUIRED** TREASURER Date: 4-08-99 Daytime Phone #: 954-785-2440

CR2E037 (11/98)