

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**May 11 1998 8:00am  
Secretary of State**

PROFIT 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 # J87594 (4)**

1. Corporation Name  
**IR CORAL OAKS INC.**



Principal Place of Business <b>411 WEST PUTNAM AVE GREENWICH CT 06830</b>	Mailing Address <b>411 WEST PUTNAM AVE GREENWICH CT 06830</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suffix  
**NORTHSTAR PRESIDIO MANAGEMENT COMPANY, LLC**

22 City  
**411 WEST PUTNAM AVENUE, SUITE 270  
GREENWICH, CT 06830**

23 Zip  
**Attn: Angelina Taylor**

3. Date Incorporated or Qualified  
**08/17/1987**

4. FEI Number  
**13-3496947**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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 **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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 <b>VTS</b>	NAME <b>MAYMUDES, JAY</b>	1.1 TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>411 WEST PUTNAM AVE.</b>	CITY-ST-ZIP <b>GREENWICH CT</b>	2.2 NAME <b>Richard Bakella</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>V</b>	NAME <b>HOLTZ, ROBERT</b>	2.1 TITLE <b>Senior VP + CFO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>411 WEST PUTNAM AVE.</b>	CITY-ST-ZIP <b>GREENWICH CT 06830</b>	2.3 STREET ADDRESS <b>Lawrence R. Schachter</b>	
TITLE <b>P</b>	NAME <b>GOVEIA, FRANK</b>	3.1 TITLE <b>Executive VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>411 WEST PUTNAM AVE.</b>	CITY-ST-ZIP <b>GREENWICH CT 06830</b>	3.2 NAME <b>KIM B. ROTHSCHILD</b>	
TITLE <b>V</b>	NAME <b>PLAUMANN, MARK</b>	4.1 TITLE <b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>411 WEST PUTNAM AVE.</b>	CITY-ST-ZIP <b>GREENWICH CT 06830</b>	4.2 NAME <b>Charles Hunker</b>	
TITLE <b>V</b>	NAME <b>AMRON, ARTHUR</b>	5.1 TITLE <b>VP, Treasurer, Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>411 WEST PUTNAM AVE.</b>	CITY-ST-ZIP <b>GREENWICH CT 06830</b>	5.2 NAME <b>Kevin Reardon</b>	
TITLE <b>D</b>	NAME <b>FRANK GOVIER</b>	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>411 W PUTMAN AV.</b>	CITY-ST-ZIP <b>GREENWICH CT</b>	6.2 NAME	
		6.3 STREET ADDRESS	
		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

CR2E034 (10/97)

3/10/98 202 917 7520