

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N09082 (1)**

1. Corporation Name
CORAL LAKE AT BOCA RATON HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

23123 STATE RD 7
SUITE 350A
BOCA RATON FL 33428
US

~~P O BOX 2310
SUITE 100
BOCA RATON FL 33427
US~~

**H.M.C.
P.O. Box 97-0069
Boca Raton, FL 33497-0069**

| | |
|--|--|
| 3. Date Incorporated or Qualified 05/06/1985 | 3a. Date of Last Report 04/24/1995 |
| 4. FEI Number 65-0287140 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PALOMBI, GARY
RESIDENTIAL MANAGEMENT CONCEPTS
23123 STATE ROAD 7 #350A
BOCA RATON FL 33428**

| | |
|--|--------------|
| 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 **Gary Palombi**

4/1/96

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FERRARO, ANTHONY | 1.2 NAME | |
| STREET ADDRESS | 7040 W. PALMETTO PARK RD. STE 2-375 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33434 | 1.4 CITY-ST-ZIP | |
| TITLE | VPD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KLEINHANS, PAULINE A | 2.2 NAME | Louis Fuchs |
| STREET ADDRESS | 9536 BOCA RIVER CIRCLE | 2.3 STREET ADDRESS | 9498 Boca River Circle |
| CITY-ST-ZIP | BOCA RATON FL | 2.4 CITY-ST-ZIP | Boca Raton |
| TITLE | TD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TAMACCIO, ANTHONY | 3.2 NAME | |
| STREET ADDRESS | 7955 VILLA NOVA DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | 3.4 CITY-ST-ZIP | |
| TITLE | VPD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TAMACCIO, MICHAEL | 4.2 NAME | |
| STREET ADDRESS | 7955 VILLA NOVA DRIVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL | 4.4 CITY-ST-ZIP | |
| TITLE | VPD <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POTTS, JOHN | 5.2 NAME | |
| STREET ADDRESS | 9528 BOCA RIVER CIRCLE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL | 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 **ANTHONY FERRARO**

4/1/96

CR2E037 (12/95)