

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 30 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N09082 (1)
1. Corporation Name
CORAL LAKE AT BOCA RATON HOMEOWNERS ASSOCIATION, INC.



| | |
|--|--|
| Principal Place of Business 23123 STATE RD 7 SUITE 350A BOCA RATON FL 33428 US | Mailing Address P.O. BOX 97-0069 SUITE 104 BOCA RATON FL 33497-0069 US |
|--|--|

| | | |
|--|---|--|
| 3. Date Incorporated or Qualified 05/06/1985 | | |
| 4. FEI Number 65-0287140 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 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 | |
| 7. Is this nonprofit corporation a homeowners association? <input 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

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

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 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 | |
|----------------------------|-------------------------------------|
| TITLE | PD DELETED |
| NAME | FERRARO, ANTHONY |
| STREET ADDRESS | 7040 W. PALMETTO PARK RD. STE 2-375 |
| CITY-ST-ZIP | BOCA RATON FL 33434 |
| TITLE | D DELETED |
| NAME | LOUIS FUCHS |
| STREET ADDRESS | 9498 BOCA RIVER CIRCLE |
| CITY-ST-ZIP | BOCA RATON FL |
| TITLE | TD DELETED |
| NAME | TAMACCIO, ANTHONY |
| STREET ADDRESS | 7955 VILLA NOVA DRIVE |
| CITY-ST-ZIP | BOCA RATON FL 33433 |
| TITLE | VPD DELETED |
| NAME | TAMACCIO, MICHAEL |
| STREET ADDRESS | 7955 VILLA NOVA DRIVE |
| CITY-ST-ZIP | BOCA RATON FL |
| TITLE | VPB <input type="checkbox"/> DELETE |
| NAME | POTTS, JOHN |
| STREET ADDRESS | 9528 BOCA RIVER CIRCLE |
| CITY-ST-ZIP | BOCA RATON FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | BEN CARBUS |
| 1.3 STREET ADDRESS | 9524 BOCA RIVER CIRCLE |
| 1.4 CITY-ST-ZIP | BIR FL 33434 |
| 2.1 TITLE | S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | KAREN BASHE |
| 2.3 STREET ADDRESS | 9526 BOCA RIVER CIRCLE |
| 2.4 CITY-ST-ZIP | BIR FL 33434 |
| 3.1 TITLE | T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | DENISE BOHEM |
| 3.3 STREET ADDRESS | 9531 BOCA RIVER CIRCLE |
| 3.4 CITY-ST-ZIP | BOCA RATON FL 33434 |
| 4.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | FRANK FRANCINI |
| 4.3 STREET ADDRESS | 9529 BOCA RIVER CIR |
| 4.4 CITY-ST-ZIP | BIR FL 33434 |
| 5.1 TITLE | P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 supplement 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: _____

3-3-98

CR2E037 (10/97)