

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000001168 (2)

1. Corporation Name

CORAL LAKE HOME OWNERS AND RESIDENT ASSOCIATION, INCORPORATED



Principal Place of Business

Mailing Address

4701 LYONS ROAD, #74
COCONUT CREEK FL 33073

4701 LYONS ROAD, #74
COCONUT CREEK FL 33073

3. Date Incorporated or Qualified
03/13/1995

3a. Date of Last Report

21. Principal Place of Business

2a. Mailing Address

22. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip

25. Country

29. Zip

30. Country

4. FEI Number

Applied For
 Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOUVEIA, JULIE
4701 LYONS ROAD, #74
COCONUT CREEK FL 33073

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 officer 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME GOUVEIA, JULIE
STREET ADDRESS 4701 LYONS ROAD, #74
CITY-ST-ZIP COCONUT CREEK FL 33073

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD DELETE
NAME RAY, WAYNE
STREET ADDRESS 4701 LYONS ROAD, #204
CITY-ST-ZIP COCONUT CREEK FL 33073

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD DELETE
NAME DUHAIME, JESSY
STREET ADDRESS 4701 LYONS ROAD, #160
CITY-ST-ZIP COCONUT CREEK FL 33073

3.1 TITLE Change Addition
3.2 NAME DON EKEMA
3.3 STREET ADDRESS 4701 LYONS ROAD, #175
3.4 CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE SD DELETE
NAME MANESS, JEANMARIE
STREET ADDRESS 4701 LYONS ROAD, #92
CITY-ST-ZIP COCONUT CREEK FL 33073

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VD DELETE
NAME DUHAIME, GEORGES
STREET ADDRESS 4701 LYONS ROAD, #160
CITY-ST-ZIP COCONUT CREEK FL 33073

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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: *Don Ekema* DON EKEMA

3/30/96

(954) 974-3532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

pm 4-3-96