


4-3-97 B 3981 C
 FILE NOW: FILING FEE IS \$61.25

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Apr 03 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001168 (2)
 1. Corporation Name
CORAL LAKE HOME OWNERS AND RESIDENT ASSOCIATION, INCORPORATED



Principal Place of Business 4701 LYONS ROAD, #74 COCONUT CREEK FL 33073	Mailing Address 4701 LYONS ROAD, #74 COCONUT CREEK FL 33073-3418
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3. Date Incorporated or Qualified 03/13/1995	3a. Date of Last Report 04/03/1996
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2. Principal Place of Business 21. 4701 LYONS ROAD 22. 77 23. COCONUT CREEK 24. FL	2a. Mailing Address 26. 4701 LYONS ROAD 27. 77 28. COCONUT CREEK 29. FL	4. FEI Number 65-0578833 APPLIED FOR	Applied For Not Applicable
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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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
GOUVEIA, JULIE
 4701 LYONS ROAD, #74
 COCONUT CREEK FL 33073

10. Name and Address of New Registered Agent
 81. Name: **JULIE GOUVEIA**
 82. Street Address (P.O. Box Number is Not Acceptable): **4701 LYONS ROAD**
 83. **# 77**
 84. City: **COCONUT CREEK** **FL** 85. Zip Code: **33073**

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: **CHANGE OF ADDRESS ONLY**
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 <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOUVEIA, JULIE	1.2 NAME	
STREET ADDRESS	4701 LYONS ROAD, #74	1.3 STREET ADDRESS	4701 LYONS ROAD, #77
CITY-ST-ZIP	COCONUT CREEK FL 33073	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY, WAYNE	2.2 NAME	VARALONA, TESS
STREET ADDRESS	4701 LYONS ROAD, #204	2.3 STREET ADDRESS	4701 LYONS ROAD, #6
CITY-ST-ZIP	COCONUT CREEK FL 33073	2.4 CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EKEMA, DON	3.2 NAME	
STREET ADDRESS	4701 LYONS ROAD, #175	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANESS, JEANMARIE	4.2 NAME	
STREET ADDRESS	4701 LYONS ROAD, #92	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

SIGNATURE: **Don Ekema** **3/29/97** (954) 753-7986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0026157

CR2E037 (9/96)