

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000005027 (5)**  
1. Corporation Name  
**CORAL CAY HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business 2937 S.W. 27TH AVENUE SUITE 306 MIAMI FL 33133	Mailing Address 2937 S.W. 27TH AVENUE SUITE 306 MIAMI FL 33133-3772
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3. Date Incorporated or Qualified <b>09/30/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21 <b>10691 N. Kendall Drive</b> Suite, Apt. #, etc. 22 <b># 310</b> City & State 23 <b>Miami, Florida</b> Zip 24 <b>33176</b>	2a. Mailing Address 26 <b>10691 N. Kendall Drive</b> Suite, Apt. #, etc. 27 <b># 310</b> City & State 28 <b>Miami, Florida</b> Zip 29 <b>33176</b> Country 30 <b>United States</b>
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4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**AGUILERA, ANTONIO M**  
2937 S.W. 27TH AVENUE  
SUITE 306  
MIAMI FL 33133

10. Name and Address of New Registered Agent  
81 Name **José Luis Machado**  
82 Street Address (P.O. Box Number Is Not Acceptable)  
**10691 N. Kendall Drive**  
83 **Ste 310**  
84 City **Miami** FL 85 Zip Code **33176**

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: *[Signature]* **José Luis Machado** **4/28/97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>SANCHEZ, REINALDO M</b>	
STREET ADDRESS	<b>10400 S.W. 19 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>IGLESIAS, ROLANDO</b>	
STREET ADDRESS	<b>8285 S.W. 10 TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33174</b>	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<b>AGUILERA, ANTONIO M</b>	
STREET ADDRESS	<b>2937 S.W. 27TH AVENUE, SUITE 306</b>	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>José Luis Machado</b>
3.3 STREET ADDRESS	<b>10691 N. Kendall Drive, Ste 310</b>
3.4 CITY-ST-ZIP	<b>Miami, FL 33176</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input 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 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: *[Signature]* **José Luis Machado** **4/28/97 (905) 275-8550**  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0026824

CR2E037 (9/96)