SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 6, 1995.
AMOUNT DUE ON OR BEFORE 8/6/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $306)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUN 15 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20076 (8)

1. Corporation Name
CORAL RIDGE ISLES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O YVONNE TOZZI 1455 NE 53RD ST FT LAUDERDALE FL 33334 US	P. O. BOX 70403 FT. LAUDERDALE FL 33307 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/10/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0002387 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 C/O DAN TORDELLA	26
Suite, Apt. #, etc. 22 1671 NE 54 ST	Suite, Apt. #, etc. 27
City & State 23 FORT LAUDERDALE, FL	City & State 28
Zip 24 33334 Country 25 USA	Zip 29 Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WHEELER, MCCALLA & CO P 307 NE FIRST ST. POMPANO BCH. FL 33060	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	1.1 TITLE	D	☒ Change ☐ Addition
NAME	MICHAELS, PATRICIA	1.2 NAME	MICHAELS, PATRICIA	
STREET ADDRESS	5321 NE 16TH AVE	1.3 STREET ADDRESS	5321 NE 16TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33334	
TITLE	VP	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	WEISS, PHILLIP	2.2 NAME	CUNNINGHAM, MIKE	
STREET ADDRESS	1730 NE 59 CT	2.3 STREET ADDRESS	5310 NE 15 AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33334	
TITLE	S	3.1 TITLE	D	☐ Change ☒ Addition
NAME	COEN, MARY E	3.2 NAME	CAVANAUGH, INGRID	
STREET ADDRESS	1419 NE 53 CT	3.3 STREET ADDRESS	5950 NE 14 ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33334	
TITLE	P	4.1 TITLE	T	☒ Change ☐ Addition
NAME	NEWMAN, TOM	4.2 NAME	TOM NEWMAN	
STREET ADDRESS	1466 NE 57 CT	4.3 STREET ADDRESS	1466 NE 57 CT	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33334	
TITLE	D	5.1 TITLE	P	☒ Change ☐ Addition
NAME	TORDELLA, DAN	5.2 NAME	TORDELLA, DAN	
STREET ADDRESS	1671 NE 54 ST.	5.3 STREET ADDRESS	1671 NE 54 ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33334	
TITLE	T	6.1 TITLE	D	☐ Change ☒ Addition
NAME	CUNNINGHAM, MIKE	6.2 NAME	DUSBIBER, BO	
STREET ADDRESS	5310 NE 15 AVE	6.3 STREET ADDRESS	1484 NE 53 CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL	6.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33334	

CR2E037 (3/95)

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)(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: Thomas B. Newman 6/12/95 (305) 776-6095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00106838