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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20076

1. Corporation Name

CORAL RIDGE ISLES HOMEOWNERS ASSOCIATION, INC.

507378 - 90192 - 40   8

Principal Place of Business	Mailing Address
C/O JACK PONZETTE 5301 NE 15TH AVE FT LAUDERDALE FL 33334 US	P. O. BOX 70403 FT. LAUDERDALE FL 33307 US

2. Principal Place of Business [21]	2a. Mailing Address [26]	3. Date Incorporated or Qualifed **04/10/1987**	
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]	4. FEI Number **65-0002387**	Applied For Not Applicable
City & State [23]	City & State [28]	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip [24] Country [25]	Zip [29] Country [30]	6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WHEELER, MCCALLA & CO. P.A. 307 NE FIRST ST. POMPANO BCH. FL 33060	81 Name _Ahearn Jasco + Company_ 82 Street Address (P.O. Box Number is Not Acceptable) _190 S.E. 19th Ave_ 83 84 City _Pompano Beach_ FL 85 Zip Code _33060_

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 _____ CPA   Date _4/21/99_

(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 D NAME MCNALLY, JOANN STREET ADDRESS 1475 NE 60TH ST CITY-ST-ZIP FT LAUDERDALE FL 33334	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VP NAME LEWIS, BILL STREET ADDRESS 1713 NE 58TH STREET CITY-ST-ZIP FT LAUDERDALE FL	☑ DELETE	2.1 TITLE _V P._ 2.2 NAME _Mike Cunningham_ 2.3 STREET ADDRESS _5310 NE 15th Ave._ 2.4 CITY-ST-ZIP _Fort Lauderdale Fl 33334_	☑ Change ☐ Addition
TITLE D NAME BOYCE, JOHN STREET ADDRESS 5400 NE 15TH AVE CITY-ST-ZIP FT LAUDERDALE FL	☑ DELETE	3.1 TITLE (D) 3.2 NAME _Yvonne Tozzi_ 3.3 STREET ADDRESS _1455 NE 53rd St._ 3.4 CITY-ST-ZIP _Fort Lauderdale FL 33334_	☑ Change ☐ Addition
TITLE T NAME LEWIS, LANI STREET ADDRESS 1713 NE 58TH STREET CITY-ST-ZIP FT LAUDERDALE FL	☑ DELETE	4.1 TITLE _T_ 4.2 NAME _Diane Loring_ 4.3 STREET ADDRESS _1457 NE 60th St._ 4.4 CITY-ST-ZIP _Fort Lauderdale FL 33334_	☑ Change ☐ Addition
TITLE P NAME PONZETTE, JACK STREET ADDRESS 5301 NE 15TH AVE CITY-ST-ZIP FT LAUDERDALE FL	☑ DELETE	5.1 TITLE _P._ 5.2 NAME _Thomas Newman_ 5.3 STREET ADDRESS _1466 NE 57th Ct._ 5.4 CITY-ST-ZIP _Fort Lauderdale FL 33334_	☑ Change ☐ Addition
TITLE D NAME CASPAR, DOUG STREET ADDRESS 1478 NE 55TH STREET CITY-ST-ZIP FT LAUDERDALE FL 33334	☑ DELETE	6.1 TITLE (D) 6.2 NAME _Robert Sierra_ 6.3 STREET ADDRESS _5320 NE 16 Terrace_ 6.4 CITY-ST-ZIP _Ft Laud Fl. 33334_	☑ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE: _SIGNATURE REQUIRED_   Date _4/26/99_   Daytime Phone # _(954) 771-2834_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)