## 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N20076  1. Entity Name CORAL RIDGE ISLES HOMEOWNERS ASSOCIATION, INC.								FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  08 FEB 15 AM 10: 47					
Principal Place of Business C/O BENNEY BRENNEMAN 1700 NE 52ND ST FORT LAUDERDALE, FL 33334 US  Mailing Address P. O. BOX 70403 FT. LAUDERDALE, FL 333307						US			IIDII CARI OTIM IBSI	. Bija birik dibil bi	EAN BIOTH BITTH FIFT	HTÐR ÚL LÚÐÚ	
Principal Place of Business - No P.O. Box #     C/o Bunney Brenneman  3. Mailing Address						·-····································							
Suite, Apt.			Suite, Apt. #, etc.					09062007	Chg-NP	CR2E0	37 (12/06)		
City & State Fort Lauderdale, FL			City & State					4. FEI Numbe 65-0002			<del></del>	oplied For	
Zip <b>33<u>3</u>34</b>	1 110			Zip Cou			5. Certificate of Status Desired						
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent							
BARTELLO, LEN CPA							Name Beamer, William D.						
3426 SW 2 FORT LAU		E, FL 33312				Street Address (P.O. Box Number is Not Acceptable)							
						ļ	1975 E. Sunrise Blvd.					e	
R The above	named antih	y submits this statement for	the pur	oss of shanning its	sociotos		City Fort Lauderdale FL Zip Code 33304						
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.													
SIGNATURE SCC BCLOW William D. Beamer, Esq.													
Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  On The Signeture required when reinstating to the signature required when reinstating required when reinstating required when reinstating													
Amended AR is \$61.25  9. Election Campaign F Trust Fund Contributi							]	\$5.00 May Be Added to Fees		Make chec lorida Depai	k payable to rtment of St		
10.	1.0	OFFICERS AND DIR	ECTORS		11.			ADDITIONS/CH	ANGES TO OFFI	ICERS AND D			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FT LAUDE	ISA 15 AVENUE ERDALE, FL 33334		⊠ Delete	TITLE D <i>i</i>		1443	aria, Christy 3 NE 57th St auderdale,	reet		☐ Change	■ Addition	
ntile Name Street address City-St-Zip	DV HANDLEY 1600 NE 5 FT LAUDE	•		☐ Delete	TITLE Da	E d/S	143€	pione, Ivy L. 5 N.E. 55th S auderdale,			☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		R, LORI 48 COURT ERDALE, FL 33334		□ Delete	TITLE	E		02/267	<b>81</b> 45	4377 1-021	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1447 NE 5					ε π	142	ssidy, Jr., Terrence P. Change 🔀 Addition 24 NE 53rd Court Lauderdale, FL 33334					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1700 N.E.	MAN, BENNEY 52ND ST ERDALE, FL 33334	☐ Defete ITTL			P	1700	neman, Bun NE 52nd St auderdale, f	reét		<b>⊠</b> Change	☐ Addition	
TITLE NAME Street Address City-St-Zip	DV KANTIS, I 1413 N.E. FT LAUDE			□ Delete	TITLE	E	B	2/16	5/08		☐ Change	Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.													

2/1/2018

954-815-6670