

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 263632

(2)

1. Corporation Name

CORAL RIDGE REALTY, INC.

Principal Place of Business

3300 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

Mailing Address

3300 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/12/1962

3a. Date of Last Report

01/20/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0980280

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~KIRKPATRICK, T.D.~~
C/O CORAL RIDGE REALTY, INC
3300 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

81

Name

GORDON, K.Y.

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

[Signature]
Print name, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

3/10/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PC
NAME	VANCE, D.L.
STREET ADDRESS	3300 UNIVERSITY DR
CITY - ST - ZIP	CORAL SPRINGS, FL 33065
TITLE	CEO
NAME	CAMPBELL, L.R.
STREET ADDRESS	3300 UNIVERSITY DR.
CITY - ST - ZIP	CORAL SPRINGS, FL 0
TITLE	SE
NAME	KIRKPATRICK, T.D.
STREET ADDRESS	6 GATEWAY CENTER
CITY - ST - ZIP	PITTSBURGH PA
TITLE	VAS
NAME	DILLON, R.C.
STREET ADDRESS	3300 UNIVERSITY DR.
CITY - ST - ZIP	CORAL SPRINGS FL
TITLE	DT
NAME	BAKER, R.W.
STREET ADDRESS	6 GATEWAY CENTER
CITY - ST - ZIP	PITTSBURGH PA
TITLE	AS
NAME	LEINDECKER, E.C.
STREET ADDRESS	6 GATEWAY CENTER
CITY - ST - ZIP	PITTSBURGH PA

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	CONTROLLER/D/AS
2.2 NAME	MUCCI, M.E.
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	V/S
3.2 NAME	TARAVELLA, J. P., JR.
3.3 STREET ADDRESS	3300 University Drive
3.4 CITY - ST - ZIP	Coral Springs, FL
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	FAUST, R.E.
5.3 STREET ADDRESS	801 Laurel Oak Drive
5.4 CITY - ST - ZIP	Naples, FL
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	FAZIO, M.V.
6.3 STREET ADDRESS	3300 University Drive
6.4 CITY - ST - ZIP	Coral Springs, FL

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 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
Print name and typed or printed name of signing officer or director

J. P. Taravella, Jr., Vice President 3/10/95

Date

(Initials) (Typed)