

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90107 007 ***750.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 263632

1. Corporation Name

CORAL RIDGE REALTY, INC.

Principal Place of Business

3300 UNIVERSITY DR
9TH DL
CORAL SPRINGS FL 33065
US

Mailing Address

3300 UNIVERSITY DR
9TH FL
CORAL SPRINGS FL 33065
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1962

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 24301 Walden Center Dr

Suite, Apt. #, etc.

27 Suite 300

City & State

28 Bonita Springs, FL

Zip

29 34134

Country

30 USA

9. Name and Address of Current Registered Agent

GORDON, K.Y.
C/O CORAL RIDGE REALTY, INC
3300 UNIVERSITY DR, 9TH FLOOR
CORAL SPRING FL 33065

10. Name and Address of New Registered Agent

81 Name Vivien N. Hastings
82 Street Address (P.O. Box Number is Not Acceptable)
24301 Walden Center Drive
83 Suite 300
84 City Bonita Springs FL 85 Zip Code 34134

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.

3/26/99

SIGNATURE

[Signature]
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 | PC | <input type="checkbox"/> DELETE |
| NAME | SMIETANA, M J | |
| STREET ADDRESS | 3300 UNIVERSITY DR | |
| CITY-STATE-ZIP | CORAL SPRINGS FL 33065 | |
| TITLE | CAS | <input type="checkbox"/> DELETE |
| NAME | DISTEFANO, P L | |
| STREET ADDRESS | 3300 UNIVERSITY DR. | |
| CITY-STATE-ZIP | CORAL SPRINGS FL 33065 | |
| TITLE | VS | <input checked="" type="checkbox"/> DELETE |
| NAME | TARAVELLA, J.P. J | |
| STREET ADDRESS | 3300 UNIVERSITY DROVE | |
| CITY-STATE-ZIP | CORAL SPRINGS FL | |
| TITLE | VAS | <input checked="" type="checkbox"/> DELETE |
| NAME | DILLON, R.C. | |
| STREET ADDRESS | 3300 UNIVERSITY DR. | |
| CITY-STATE-ZIP | CORAL SPRINGS FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | ADELMAN, STEVEN C | |
| STREET ADDRESS | 23401 WALDEN CENTER DR | |
| CITY-STATE-ZIP | BONITA SPRINGS FL 34134 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-STATE-ZIP | | |
| 2.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | 24301 Walden Center Drive | |
| 2.4 CITY-STATE-ZIP | Bonita Springs, FL 34134 | |
| 3.1 TITLE | DVAS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Albert F. Moscato, Jr. | |
| 3.3 STREET ADDRESS | 24301 Walden Center Drive | |
| 3.4 CITY-STATE-ZIP | Bonita Springs, FL 34134 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-STATE-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-STATE-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-STATE-ZIP | | |

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 607, 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.

3/26/99 (941) 947-2600

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven C. Adelman, Treasurer

Date

Daytime Phone #

CR2E034 (11/98)