

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 263632

FILED
Apr 27, 2004
Secretary of State

Entity Name: CORAL RIDGE REALTY, INC.

Current Principal Place of Business:

11575 HERON BAY BLVD
CORAL SPRINGS, FL 33076 US

New Principal Place of Business:

Current Mailing Address:

24301 WALDEN CENTER
SUITE 300
BONITA SPRINGS, FL 34134 US

New Mailing Address:

FEI Number: 59-0980280 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASTINGS, VIVIEN N
24301 WALDEN CENTER DRIVE
SUITE 300
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMJETANA, M J
Address: 3300 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DV () Delete
Name: MOSCATO, ALBERT F JR
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TD () Delete
Name: ADELMAN, STEVEN C
Address: 23401 WALDEN CENTER DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: S () Delete
Name: HASTINGS, VIVIEN N
Address: 24301 WALDEN CTR DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: V () Delete
Name: CULLEN, JAMES D
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VTD (X) Change () Addition
Name: ADELMAN, STEVEN C
Address: 23401 WALDEN CENTER DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIVIEN N HASTINGS

S

04/27/2004

Electronic Signature of Signing Officer or Director

_____ Date