**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 # 312563

1. Corporation Name

CORAL RIDGE PROPERTIES, INC.

Principal Place of Business		Mailing Address			1 188184 11581 11881 11881 81118 81118	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3300 UNIVERSITY DR.		3300 UNIVERSITY DR.						
CORAL SPRINGS FL 33065		CORAL SPRINGS FL 33035			DO NOT WIGHT IN	THIS SPACE		
					-	DO NOT WRITE IN 3. Date Incorporated or Qualifed	THIS SPACE	
						01/11/1967		
2. Principal Place of Business		2a, Mailing Address			4. FEI Number		Applied For	
21		26 24301 Walden Center Drive		ve	25-1 184789		No: Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional	
22		27 Suite 300					Re juired	
City & 5-tate		City & State Bonita Springs, FL		İ	6. Election Campaign Financing		00 May Be	
23		20		$- \rightarrow$	Trust Fund Contribution		ed to Fees	
Zip	Country	Zip 2/12/		•		8. This corporation owes the current year.		⊒No
24	25	29 34134	30	USA		Personal Property Tax.  10. Name and Address of New Registr	☐ Yes	
<del></del>	9. Name and Address of Current	Registered Agent		81 Name			atio Agent	
NANCE, MARYANN				] ] '		en Hastings		
	CORAL RIDGE PROPERTIES		82 Street Addr		Address	s (P.O. Bo: Number is Not Acceptable)		
	UNIVERSITY DR, 9TH FLOOR			83	2430	l Walden Center Drive		
	AL SPRINGS FL 33065			83	Suite	e 300		
<b></b>	The Office of the Court			84 City				ip Code
					Boni	ta Springs		34134
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statાi f Florida. Such change was :	tes, the a authorized	bove-named by the corp	a corpora poration's	ation submits this statement for the purpos s board of directors. I hereby accept the a	se of changing appointment as	registered
agent. I ar	n familiar with, and accept the obligat	ons of, Section 607.0505, FI:	orida Stati	utes.			26/99	
SIGNATUFE.	Will	Hasto_					· ·	
	Signature, typed or printed name of registered agent		<u>-</u> -	Agent signature i	red iired wh	hen reinstating) DA: ADDITIONS/CHANGES TO OFFICER		TOPS IN 12
12.	PC OFFICERS AND	DELETE	13.	TIC .	T.,	ADDITIONS/CHANGES TO OFFICEN	Chang	
TITLE	STREIB, LARRY W.	AND DECEM	1.2 NA		DP		<u>.</u>	" A-A
NAME	3300 UNIVERSITY DRIVE		- 1			ert F. Moscato, Jr.		
STREET ADDRESS	CORAL SPRINGS FL			TREET ADDRESS	12.43	01 Walden Center Drive	à	Ì
CITY-ST-ZIP	CAS		2.1 TJ	TTY-ST-ZIP	DOIL.	ita Springs, FL 34134	Chang	ge Addition
TITLE			•				<b>A.</b>	
NAME	DISTEFANO, P L		2.2 N/		10/26	Ol Waldon Conton Dudge	_	
STREET ADDRESS	3300 UNIVERSITY DRIVE		ı			01 Walden Center Drive	į.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	<b>▼</b> DELETE	_	CITY-ST-ZIP	Bon	ita Springs, FL 34134	Chan	ge Addition
TITLE	SD HARDICON THOMAS I	K DELETE	3.1 TI					ge Linounci.
NAME	HARRISON, THOMAS J.		3.2 N/					
STREET ADDRESS	3300 UNIVERSITY DRIVE			TREET ADDRESS	<b>;</b>			
CITY-ST-ZIP	CORAL SPRINGS FL	El pereze		CITY-ST-ZIP	+-			ge
TITLE	ADELMAN, OTENEN C	☐ DELETE	4.1 TI					ge 🗀 / 10/10/00
NAME	ADELMAN, STEVEN C		4. 2 N					
STREET ADDRESS	23401 WALDEN CENTER DR			TREET ADDRESS	,			
CITY-ST-ZIP	BONITA SPRINGS FL 34134		_	TY-ST-ZIP	<del>+</del>		Chan	ge Addition
TITLE	V DILLION D.C	<b>★</b> *DELETE	5.1 Tf					ge 🗆 Adomon
NAME	DILLION, R.C.		5.2 N/					
STREET ADDRESS	3300 UNIVERSITY DR			TREET ADDRESS	<b>'</b>			
CITY-ST-ZIP	CORAL SPRINGS, FL 00000	- December		ITY-ST-ZIP	+		☐ Chan	ge Addition
TITLE		☐ DELETÉ	6.1 TI		1		L) Chan	ge 🗀 Addition
NAME			6.2 N/					
CEDEET ADDDE 30			6.3 S	TREET ADDRESS	اذ			

14. I hereby certify that the information supplied with this filing does not qualify fir 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 or derivative that I am an officer or director of the corpora ion 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 appearance of the corporal participant with an address, with all other like empowered. 3/26/99 (941) 947-2600

6.4 CITY-ST-ZIP

SIGNATURE: \_

STREET ADDRE 3S

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Storen C Adolmon Tropon

Daytime Phone #