

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 703107**

**(3)**

1. Corporation Name

**CORAL RIDGE ASSOCIATION INC**

Principal Place of Business

% BRIAN LEARY  
901 SOUTH FEDERAL HWY.. #300  
FT LAUDERDALE FL 33316

Mailing Address

% BRIAN LEARY  
901 SOUTH FEDERAL HWY.. #300  
FT LAUDERDALE FL 33316



3. Date Incorporated or Qualified  
**11/02/1961**

3a. Date of Last Report  
**01/23/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEARY, BRIAN  
901 SOUTH FEDEAL HWY., #300  
FT. LAUDERDALE FL 33316

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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	P/D	<input type="checkbox"/> DELETE
NAME	LEARY, BRIAN	
STREET ADDRESS	<del>200 E BROWARD BLVD</del>	
CITY - ST - ZIP	FT LAUDERDALE FL 33301	
TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	MACKE, DOUGLAS	
STREET ADDRESS	<del>200 E BROWARD</del>	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	KEARSON, PATRICIA	
STREET ADDRESS	<del>200 E BROWARD</del>	
CITY - ST - ZIP	FT LAUDERDALE, FL 00000	
TITLE	T/D	<input checked="" type="checkbox"/> DELETE
NAME	<del>MARCK, MARY EVA</del>	
STREET ADDRESS	<del>200 E BROWARD BLVD</del>	
CITY - ST - ZIP	FT LAUDERDALE, FL 00000 FL 33301	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SULLIVAN, EDWARD	
STREET ADDRESS	<del>200 E BROWARD</del>	
CITY - ST - ZIP	FT LAUDERDALE, FL 00000 33301	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEARLES, RICHARD K	
STREET ADDRESS	<del>200 E BROWARD</del>	
CITY - ST - ZIP	FT LAUDERDALE FL 33301	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	901 S. Fed. Hwy. #300
1.4 CITY - ST - ZIP	Ft Lauderdale FL 33316
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	901 S. Fed Hwy. #300
2.4 CITY - ST - ZIP	Ft Lauderdale FL 33316
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	901 S. Fed Hwy #300
3.4 CITY - ST - ZIP	Ft Lauderdale FL 33316
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T/D.
4.3 STREET ADDRESS	James Stimpson
4.4 CITY - ST - ZIP	901 S. Fed Hwy #300
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	901 S. Fed Hwy #300
5.4 CITY - ST - ZIP	Ft. Lauderdale FL 33316
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	901 S. Fed. Hwy. #300
6.4 CITY - ST - ZIP	Ft Lauderdale FL 33316

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Brian Leary* **Brian F. Leary, Pres.** 11/16/96 463-6755  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)