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FILED

Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

% BRIAN LEARY
901 SOUTH FEDERAL HWY. #300
FT LAUDERDALE FL 33316% BRIAN LEARY
901 SOUTH FEDERAL HWY. #300
FT LAUDERDALE FL 33316-12343. Date Incorporated or Qualified
11/02/19613a. Date of Last Report
01/23/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-6153214

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. 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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D ☐ DELETE
NAME LEARY, BRIAN
STREET ADDRESS 901 S. FED. HWY #300
CITY-ST-ZIP FT LAUDERDALE FL1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 33316TITLE VP/D ☐ DELETE
NAME MACK, DOUGLAS
STREET ADDRESS 901 S. FED. HWY #300
CITY-ST-ZIP FT. LAUDERDALE FL2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 33316TITLE S/D ☒ DELETE
NAME KEARSON, PATRICIA
STREET ADDRESS 901 S. FED. HWY. #300
CITY-ST-ZIP FT LAUDERDALE, FL 000003.1 TITLE ☒ Change ☐ Addition
3.2 NAME S/D
3.3 STREET ADDRESS Josie House
3.4 CITY-ST-ZIP 901 So. Fed Hwy #300
Pt Lauderdale, FL 33316TITLE TD ☐ DELETE
NAME STIMPSON, JAMES
STREET ADDRESS 901 S. FED. HWY. #300
CITY-ST-ZIP FT. LAUDERDALE FL4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 33316TITLE D ☐ DELETE
NAME SULLIVAN, EDWARD
STREET ADDRESS 901 S. FED HWY. #300
CITY-ST-ZIP FT LAUDERDALE, FL 000005.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 33316TITLE D ☐ DELETE
NAME SEARLES, RICHARD K
STREET ADDRESS 901 S. FED. HWY. #300
CITY-ST-ZIP FT. LAUDERDALE FL6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 33316

14. I do 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 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 P. Leary, Pres* BRIAN P. LEARY, President 1/23/97 (954) 463-6755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0036397

CR2E037 (9/96)