

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 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	Mailing Address
% BRIAN LEARY 901 SOUTH FEDERAL HWY. #300 FT LAUDERDALE FL 33316	% BRIAN LEARY 901 SOUTH FEDERAL HWY. #300 FT LAUDERDALE FL 33316

3. Date Incorporated or Qualified

11/02/1961

4. FEI Number

59-6153214

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.

22 City & State	27 City & State
-----------------	-----------------

23 Zip	25 Country	28 Zip	30 Country
--------	------------	--------	------------

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ 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

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	LEARY, BRIAN	
STREET ADDRESS	901 S. FED. HWY #300	
CITY-ST-ZIP	FT LAUDERDALE FL	

TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	MACKE, DOUGLAS	
STREET ADDRESS	901 S. FED. HWY #300	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	S/D	<input type="checkbox"/> DELETE
NAME	HOUSE, JOSIE	
STREET ADDRESS	901 SOUTH FEDERAL HWY #300	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	STIMPSON, JAMES	
STREET ADDRESS	901 S. FED. HWY. #300	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SULLIVAN, EDWARD	
STREET ADDRESS	901 S. FED HWY. #300	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SEARLES, RICHARD K	
STREET ADDRESS	901 S. FED. HWY. #300	
CITY-ST-ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D. Massery
4.3 STREET ADDRESS	901 S. Fed Hwy # 300
4.4 CITY-ST-ZIP	FT Lauderdale FL 33316

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	T/D
6.3 STREET ADDRESS	
6.4 CITY-ST-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 of 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/98

(954) 463-6755

Date

Daytime Phone # 0036894

CR2E037 (10/97)