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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90022 021 \*\*\*\*61.25

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**DOCUMENT # 703107**

1. Corporation Name

**CORAL RIDGE ASSOCIATION INC**

100063-90022-21 3 \*

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/02/1961

4. FEI Number

59-6153214

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 PD  
NAME LEARY, BRIAN  
STREET ADDRESS 901 S. FED HWY #300  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE VP/D  
NAME MACKE, DOUGLAS  
STREET ADDRESS 901 S. FED. HWY #300  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE S/D  
NAME HOUSE, JOSIE  
STREET ADDRESS 901 SOUTH FEDERAL HWY #300  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D  
NAME MASSEY, AL  
STREET ADDRESS 901 S FEDERAL HWY #300  
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE D  
NAME SULLIVAN, EDWARD  
STREET ADDRESS 901 S. FED HWY. #300  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE TD  
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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

*Brian Leary* *Brian Leary, Pres. 1/4/99. 954-463-6755*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)