


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90040 039 \*\*\*\*61.25

<b>DOCUMENT # 703107</b>			
1. Entity Name <b>CORAL RIDGE ASSOCIATION INC</b>			
Principal Place of Business <b>C/O ALAN VORDERMEIER 2132 E OAKLAND PARK BLVD FORT LAUDERDALE FL 33306 US</b>		Mailing Address <b>C/O ALAN VORDERMEIER 2132 E OAKLAND PARK BLVD FORT LAUDERDALE FL 33306 US</b>	
2. Principal Place of Business <b>403 Brian Leary</b> Suite, Apt. #, etc. <b>2870 NE 28th Street</b> City & State <b>Fort Lauderdale FL</b> Zip <b>33306</b> Country <b>USA</b>		3. Mailing Address <b>40 Brian Leary</b> Suite, Apt. #, etc. <b>2870 NE 28th Street</b> City & State <b>Fort Lauderdale FL</b> Zip <b>33306</b> Country <b>USA</b>	
4. FEI Number <b>59-6153214</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>VORDERMEIER, ALAN 2132 E OAKLAND PARK BLVD FORT LAUDERDALE FL 33306</b>		7. Name and Address of New Registered Agent Name: <b>Brian F. Leary</b> Street Address (P.O. Box Number is Not Acceptable) <b>2870 NE 28th Street</b> City <b>Fort Lauderdale</b> FL Zip Code <b>33306</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>Brian F. Leary</b> <b>BRIAN F. LEARY</b> <b>3-3-04</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P VORDERMEIER, ALAN 2132 E OAKLAND PARK BLVD FORT LAUDERDALE FL 33306</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LEARY, Brian (President) Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2870 NE 28th Street Fort Lauderdale FL 33306</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VR BISHOP, DAVID 1636 CORAL RIDGE DR. FORT LAUDERDALE FL 33305</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President, Dir. Massey, Al 2510 NE 13th Court Fort Lauderdale FL 33304</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RSD DOW, BETSY 2133 MIDDLE RIVER DR. FORT LAUDERDALE FL 33305</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SCD REVIER, VIKI 1525 CORAL RIDGE DR. FORT LAUDERDALE FL 33304</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Corresponding Secretary/Dir. LADDEY, RON 2800 Middle River Drive Fort Lauderdale FL 33306</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD COONEY, STEVE 2420 N.E. 12 CT. FORT LAUDERDALE FL 33304</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT BODKIN, STEVE 2525 NE 28th Street FORT LAUDERDALE FL 33306</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Treasurer/Dir. POOLEY, PAUL 2849 NE 29th Street Fort Lauderdale FL 33306</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** **Brian F. Leary, President & Director** **3-3-04 (954) 566-5643**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #