

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 # 719277 (6)

1. Corporation Name

CORINTHIAN GARDENS, INC.



Principal Place of Business

501 S. W. 11TH PLACE  
BOCA RATON FL 33432

Mailing Address

501 S. W. 11TH PLACE  
BOCA RATON FL 33432

3. Date Incorporated or Qualified  
09/09/1970

3a. Date of Last Report  
02/22/1995

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

24

25

29

30

4. FEI Number  
59-1452317

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

8. 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

ELLIS, JAMES F  
501 S W 11TH PLACE  
BOCA RATON FL 33432

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 TD  
NAME HOLLAND, THOMAS  
STREET ADDRESS 501 S W 11TH PLACE APT 103A  
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

1.1 TITLE SHERMAN, W. DALBY ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS 501 S.W. 11TH PLACE APT 315C  
1.4 CITY-ST-ZIP BOCA RATON, FL 33432

TITLE PD  
NAME ELLIS, JAMES  
STREET ADDRESS 501 SW 11TH PLACE APT. 104A  
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

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

TITLE D  
NAME PHILIP, VIOLA  
STREET ADDRESS 501 SW 11TH PLACE  
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

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

TITLE D  
NAME WILSON, CAROLE  
STREET ADDRESS 501 S W 11TH PLACE  
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

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

TITLE SD  
NAME MCQUESTEN, CLIFFORD  
STREET ADDRESS 501 SW 11TH PLACE APT. 114C  
CITY-ST-ZIP BOCA RATON FL ☒ DELETE

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

TITLE D  
NAME SOUTHWICK, GEORGE  
STREET ADDRESS 501 W 11TH PL, APT 408B  
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

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

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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-96 407-394-3388  
Date Daytime Phone

CR2E037 (12/95)