


FILE NOW: FILING FEE IS \$61.25

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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
09/09/1970

4. FEI Number 59-1452317	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address c/o Beacon Prop Mgmt. 26 500 NE Spanish River Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 18
City & State 23	City & State 28 Boca Raton, FL
Zip 24	Zip 29 33431
Country 25	Country 30 Palm Beach

6. 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

**WILLIS, ERNEST W
C/O BEACON PROPERTY MANAGEMENT INC
500 E SPANISH RIVER BLVD., SUITE 18
BOCA RATON FL 33431**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	500 NE Spanish River Blvd., Ste. 18
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	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANZEE, IMOGENE	1.2 NAME	Barker, Marion
STREET ADDRESS	501 SE 11TH PL., #105A	1.3 STREET ADDRESS	501 SW 11th Place, #114
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Boca Raton, FL
TITLE	T/D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEET, JAMES	2.2 NAME	Fragola, Anthony
STREET ADDRESS	501 SW 11TH PL., #115C	2.3 STREET ADDRESS	501 SW 11th Place, #303
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Boca Raton, FL
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILIP, VIOLA	3.2 NAME	Oprea, Mariana
STREET ADDRESS	501 SW 11TH PLACE	3.3 STREET ADDRESS	501 SW 11th Place, #107
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Boca Raton, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, RUTH	4.2 NAME	
STREET ADDRESS	501 SW 11TH PL., #212B	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGHERTY, ED	5.2 NAME	
STREET ADDRESS	501 SW 11TH PL., #204A	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *Edward A. Dougherty* **Edward A. Dougherty 4/23/98 561-750-0040**

CR2E037 (10/97)