

# 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 # 747254 (1)**  
1. Corporation Name  
**CORAL RIDGE EAST CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**4501 NE 21ST AVENUE  
FT. LAUDERDALE FL 33307-4740**

Mailing Address  
**4501 NE 21ST AVENUE  
FT. LAUDERDALE FL 33307-4740**

3. Date Incorporated or Qualified  
**05/18/1979**

3a. Date of Last Report  
**02/21/1995**

4. FEI Number  
**59-2000415**

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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

**GONYO, KENNETH D. (CPA)  
3344 NE 32ND STREET  
FT. LAUDERDALE FL 33308-7104**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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 M                          | <input type="checkbox"/> DELETE            |
| NAME           | BONITO, MICHAEL               |                                            |
| STREET ADDRESS | 4501 NE 21ST AVE, APT. 306    |                                            |
| CITY-ST-ZIP    | FORT LAUDERDALE FL 33308      |                                            |
| TITLE          | D                             | <input type="checkbox"/> DELETE            |
| NAME           | KELLEY, MICHELLE              |                                            |
| STREET ADDRESS | 4501 NE 21ST AVE APT 106      |                                            |
| CITY-ST-ZIP    | FORT LAUDERDALE FL 33308      |                                            |
| TITLE          | V                             | <input type="checkbox"/> DELETE            |
| NAME           | KNOTTS, CAROL                 |                                            |
| STREET ADDRESS | 4501 NE 21ST AVE APT. 405     |                                            |
| CITY-ST-ZIP    | FORT LAUDERDALE FL 33308      |                                            |
| TITLE          | D                             | <input type="checkbox"/> DELETE            |
| NAME           | WELKY, MARION                 |                                            |
| STREET ADDRESS | 4501 NE 21 ST AVE APT 304     |                                            |
| CITY-ST-ZIP    | FORT LAUDERDALE FL 33308      |                                            |
| TITLE          | D                             | <input checked="" type="checkbox"/> DELETE |
| NAME           | SWARZ, VICTOR                 |                                            |
| STREET ADDRESS | 4501 N.E. 21ST AVE., APT. 414 |                                            |
| CITY-ST-ZIP    | FT. LAUDERDALE FL 33308       |                                            |
| TITLE          | S                             | <input type="checkbox"/> DELETE            |
| NAME           | FRAZIER, CHARLES              |                                            |
| STREET ADDRESS | 4501 N.E. 21ST AVE., APT. 206 |                                            |
| CITY-ST-ZIP    | FT. LAUDERDALE FL 33308       |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                            |                                                                              |
|--------------------|----------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | T                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | SANFORD BESSINS            |                                                                              |
| 1.3 STREET ADDRESS | 4501 NE 21ST AVE. APT. 306 |                                                                              |
| 1.4 CITY-ST-ZIP    | FORT LAUDERDALE FL 33308   |                                                                              |
| 2.1 TITLE          | DV                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | JAMES AARONIAN             |                                                                              |
| 2.3 STREET ADDRESS | 4501 NE 21ST AVE. APT. 410 |                                                                              |
| 2.4 CITY-ST-ZIP    | FORT LAUDERDALE FL 33308   |                                                                              |
| 3.1 TITLE          | D                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                            |                                                                              |
| 3.3 STREET ADDRESS |                            |                                                                              |
| 3.4 CITY-ST-ZIP    |                            |                                                                              |
| 4.1 TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                            |                                                                              |
| 4.3 STREET ADDRESS |                            |                                                                              |
| 4.4 CITY-ST-ZIP    |                            |                                                                              |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                            |                                                                              |
| 6.3 STREET ADDRESS |                            |                                                                              |
| 6.4 CITY-ST-ZIP    |                            |                                                                              |

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 if changed, or on an attachment with an address.

SIGNATURE: *Sanford Bessins* T.D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96 954-776-4235  
Daytime Phone

CR2E037 (12/95)