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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **747254**

1. Corporation Name

CORAL RIDGE EAST CONDOMINIUM ASSOCIATION, INC.

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/18/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2000415 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GONYO, KENNETH D. (CPA) 3326 NE 33RD STREET FT LAUDERDALE FL 33308	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MILLER KENNETH		1.2 NAME		
STREET ADDRESS	4501 NE 21 AVE., APT 202		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33308		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KELLEY, MICHELLE		2.2 NAME		
STREET ADDRESS	4501 NE 21ST AVE APT 106		2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	AARONIAN, JIM		3.2 NAME		
STREET ADDRESS	4501 NE 21ST., APT 410		3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CROWLEY, JOSEPH		4.2 NAME		
STREET ADDRESS	4501 NE 21ST AVE., APT 202		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33308		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SANFORD BESSINS		5.2 NAME		
STREET ADDRESS	740 S FEDERAL HWY #609		5.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33062		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FRAZIER, CHARLES		6.2 NAME		
STREET ADDRESS	4501 N.E. 21ST AVE., APT. 206		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		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, with all other like empowered.

SIGNATURE: Jan SIGNATURE REQUIRED 3/8/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)