

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
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95 MAY -1 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995-1-95
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Matham
 Secretary of State
 OFFICE OF CORPORATIONS

DOCUMENT # 758421 (2)
 1. Corporation Name
CORAL SPRINGS TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
 C/O CONSOLIDATED 2898 UNIVERSITY DRIVE CORAL SPRINGS FL 33065
 C/O CONSOLIDATED- 2898 UNIVERSITY DRIVE CORAL SPRINGS FL 33065

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 25 7686 WILES ROAD
 22 City & State 27 CORAL SPRINGS, FL.
 23 Zip 29 33067 30 U.S.A.

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified 05/20/1981 3a. Date of Last Report 06/14/1994
 4. FEI Number 59-2217581 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
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 MILES, JAMES R
 2898 UNIVERSITY DRIVE
 CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent
 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POZZUOLI, ED
STREET ADDRESS	9602 NW 35TH CT
CITY - ST - ZIP	CORAL SPRINGS FL 33065
TITLE	STD
NAME	GENDUSO, THOMAS
STREET ADDRESS	9602 N.W. 35TH COURT
CITY - ST - ZIP	CORAL SPRINGS FL 33065
TITLE	D
NAME	MARRONEY, KENNETH
STREET ADDRESS	11013 ROYAL PALM BLVD.
CITY - ST - ZIP	CORAL SPRINGS FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 4/28/95
SIGNATURE AND TYPE OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR