

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

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

**APPROVED
AND
FILED**

95 MAY -1 PM 8:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 760097 (6)

1. Corporation Name

**CORAL SPRINGS VILLAS CONDOMINIUM ASSOCIATION, IN
C.**

Principal Place of Business

Mailing Address

**3201 CORAL RIDGE DR
CORAL SPRINGS FL 33065
US**

**3201 CORAL RIDGE DR
CORAL SPRINGS FL 33065
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1981

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2146481

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COURANT, GARY S
CORAL SPRINGS VILLAS CONDO ASSOC INC
3201 CORAL RIDGE DR
CORAL SPRINGS FL 33065**

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

Gary Courant, Pres.

4/22/95

Signature based on 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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
COURANT, GARY
3201 CORAL RIDGE DRIVE
CORAL SPRINGS FL 33065**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
SHOOK, LORRAINE
3251 CORAL RIDGE DRIVE
CORAL SPRINGS FL 33065**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**~~VPD~~
~~STOUTT, GLENN R~~
~~3255 CORAL RIDGE DR~~
~~CORAL SPRINGS FL~~**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
**D
Lisa Stoutt
3255 Coral Ridge Dr
Coral Springs, FL 33065**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**~~D~~
~~FIER, RALPH~~
~~3241 CORAL RIDGE DRIVE~~
~~CORAL SPRINGS FL~~**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
CENTAMORE, KIM
7841 PARKVIEW WAY
CORAL SPRINGS FL 33065**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this filing 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 of changes or on an attachment with an address.

SIGNATURE

Gary Courant

4/22/95

305-752-8653

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE #