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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **760097**

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	P.O. BOX 26478 FT. LAUDERDALE FL 33320-6478 US

C/O ALLIANCE PROPERTY SYSTEMS
7101 W COMMERCIAL BLVD 4-A
FORT LAUDERDALE FL 33319

2a. Mailing Address
6
Suite, Apt. #, etc.
7
City & State
8
Zip Country
24 25 29 30

3. Date Incorporated or Qualifed
09/18/1981

4. FEI Number
59-2146481
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Na
82 St
83
84 Ci
5 Zip Code

MRS KIM CENTAMORE
7641 PARKVIEW WAY
CORAL SPRINGS FL 33065

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: Kimberlee R. Centamore DATE: 1/28/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COURANT, GARY 3201 CORAL RIDGE DRIVE CORAL SPRINGS FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DVP RICHARD HERBERT 15814 E WIND CIRCLE SUNRISE FL 33326	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CENTAMORE, KIM 7641 PARKVIEW WAY CORAL SPRINGS FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GALLEGO, CLAUDIA 3179 CORAL RIDGE DRIVE CORAL SPRINGS FL 33065	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DS	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACOBS, RON 521 NW 113 TERRACE CORAL SPRINGS FL 33071	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VILLANUEVA, PEDRO 2842 NW 95TH AVENUE CORAL SPRINGS FL 33065	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	DT ANGELA MOSCA 3263 CORAL RIDGE DRIVE CORAL SPRINGS FL 33065	☐ Change ☒ Addition

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: Kimberlee R. Centamore **SIGNATURE REQUIRED** 1/28/99 954-724-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)