

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 11:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 770852 (2)

1. Corporation Name

CORAL SPRINGS BMX ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**10000 NW 29TH ST
CORAL SPRINGS FL 33075**

**P.O. BOX 9802
CORAL SPRINGS FL 33075**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1983

3a. Date of Last Report

07/29/1994

4. FEI Number

59-2399385

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

**HOFFMAN, FRANK
7811 NW 69TH TERRACE
TAMARAC FL 33321**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P/D

NAME

HOFFMAN, FRANK

STREET ADDRESS

7811 NW 69TH TERR

CITY - ST - ZIP

TAMARAC FL 33321

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

S/D

NAME

OSTERICH, JOAN

STREET ADDRESS

2686 NW 99 AVENUE

CITY - ST - ZIP

CORAL SPRINGS FL 33065

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

I

NAME

LOY, IAN C

STREET ADDRESS

10708 WILES ROAD

CITY - ST - ZIP

CORAL SPRINGS FL 33076

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

COLLAZO, RICHARD

STREET ADDRESS

4834 NW 99 LANE

CITY - ST - ZIP

CORAL SPRINGS FL 33076

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE

DVP

NAME

BLERMAN, MICHAEL

STREET ADDRESS

10782 NW 19TH ST

CITY - ST - ZIP

CORAL SPRINGS FL 33076

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

IAN CHIN LOY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(IAN CHIN LOY)

4-18-95

Date

(305) 341-3076
Daytime Phone #