

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **770852** (2)
 1. Corporation Name
CORAL SPRINGS BMX ASSOCIATION, INC.



Principal Place of Business: 10000 NW 29TH ST, CORAL SPRINGS FL 33075
 Mailing Address: P.O. BOX 9602, CORAL SPRINGS FL 33075

3. Date Incorporated or Qualified: 10/20/1983
 3a. Date of Last Report Applied For: 04/26/1995
 4. FEI Number: 59-2399385
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

21. Principal Place of Business: Suite, Apt. #, etc.
 22. City & State
 23. Zip
 24. Country
 25. Country
 26. Mailing Address: Suite, Apt. #, etc.
 27. City & State
 28. Zip
 29. Country
 30. Country

9. Name and Address of Current Registered Agent
HOFFMAN, FRANK
7811 NW 69TH TERRACE
TAMARAC FL 33321

10. Name and Address of New Registered Agent
 81 Name: **HENRY LOUD**
 82 Street Address (P.O. Box Number is Not Acceptable): **8231C THAMES BLVD.**
 83
 84 City: **BOCA RATON** FL 85 Zip Code: **33433**

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 provisions of, Section 617.0503, Florida Statutes.
 SIGNATURE: *[Signature]* **HENRY LOUD** DATE: **3-25-96**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	HOFFMAN, FRANK	
STREET ADDRESS	7811 NW 69TH TERR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	OSTERICH, JOAN	
STREET ADDRESS	2686 NW 99 AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LOY, IAN C	
STREET ADDRESS	10708 WILES ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CHIN-LOY, IAN	
STREET ADDRESS	1070 B WILES RD	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	FELL, BRIAN	
STREET ADDRESS	10762 NW 19TH ST	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Henry Loud	
13 STREET ADDRESS	8231C Thames Blvd	
14 CITY-ST-ZIP	Boca Raton, FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	S/D	
22 NAME	Nancy Bartholomew	
23 STREET ADDRESS	5721 Riverside Drive #106	
24 CITY-ST-ZIP	Coral Springs, FL 33067	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	T	
32 NAME	Ian ChinLoy	
33 STREET ADDRESS	10708 Wiles Road	
34 CITY-ST-ZIP	Coral Springs, FL 33076	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	TD	
42 NAME	Ian ChinLoy	
43 STREET ADDRESS	10708 Wiles Road, Coral Springs	
44 CITY-ST-ZIP		
51 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Marie Fowler	
53 STREET ADDRESS	3201 SW 1 Court	
54 CITY-ST-ZIP	Deerfield Beach, FL 33442	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	500001879335	
63 STREET ADDRESS	-06/28/96--01052--009	
64 CITY-ST-ZIP	***61.25	

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

SIGNATURE: *[Signature]* DATE: **3-11-96** DAYTIME PHONE #: **(954) 341-3035**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)