

FILE NOW: FILING FEE IS \$61.25

FILED

**Sep 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthog Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 770852 (2)
 Corporation Name
CORAL SPRINGS BMX ASSOCIATION, INC.



Principal Place of Business 10000 NW 29TH ST CORAL SPRINGS FL 33075	Mailing Address P.O. BOX 9802 CORAL SPRINGS FL 33075
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3. Date Incorporated or Qualified
10/20/1983

4. FEI Number
59-2399385

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**LOUD, HENRY
8231C THAMES BLVD
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOUD, HENRY	
STREET ADDRESS	8231C THAMES BLVD	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROSS, WENDY	
STREET ADDRESS	320 SW 81 TERR.	
CITY-ST-ZIP	FT LAUDERDALE FL 33068	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CHINLOY, IAN	
STREET ADDRESS	10708 WILES ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	EATON, RANDY	
STREET ADDRESS	1499 SW 9TH ST	
CITY-ST-ZIP	SUNRISE FL 33092	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BROOK, VICTORIA	
STREET ADDRESS	284 NW 40TH TERR	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *IAN CHINLOY* / IAN CHINLOY 8/27/98 (954) 341-3075

CR2E037 (10/97)