Applied For Not Applicable \$8.75 Additional

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



* FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N10337

1. Corporation Name

2900 UNIVERSITY DR CORAL SPRINGS FL 33065-4152 US 2900 UNIVERSITY DR 2930 UNIVERSITY DRIVE CORAL SPRINGS FL 33035 US 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. Country 2.	CORAL SPRINGS FL 33065-4152 2930 UNIVERSITY DRIVE CORAL SPRINGS FL 33035 US	CORAL SPRINGS FL 33065-4152	2930 UNIVERSITY DRIVE CORAL SPRINGS FL 330		
26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State 28 28	26				
Suite, Apt. #, etc. 27 City & State City & State 28	Suite, Apt. #, etc. 27 City & State City & State 28 Zip Country Country Country Country	-			
City & State City & State	City & State City & State 28 Zip Country Zip Country				
28	Zip Country Zip Country	<u> </u>	27	 	
	Zip Country Zip Country	City & State	City & State		
Zip Country Zip Country		J	28	 	
	24 25 29 30	Zip Country	Zip	 ountry	

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90059 041 ****70.00



3. Date Incorporated or Qualifed 07/19/1985

4. FEI Number 59-2832973

City & Stat	te	City & State			5. Certifcate of Status Desired	\boxtimes	Fee Reu	
23	Country	28 Zip	Coun	trv	6. Election Campaign Financing	_ ,	\$5.00	<u></u>
Zip 24	25	29	Country 30		Trust Fund Contribution		Added to	•
	9. Name and Address of Current				10. Name and Address of New	Registere	d Agent	
		<u> </u>		81 Name				
LAQUIS. G	GEORGE A.			82 Street Add	ress (P.O. Bo): Number is Not Accep	table)		
	SAMPLE ROAD							
CORAL SI	PRINGS FL 33065		ļ;	83				
				84 City			85 Zip C	ode
				'		F	_	
office or t	to the provisions of Sections 617.0502 registered agent, or both, in the State of am familiar with, and accept the obligat	f Florida. Such chaлge was a	authorized	by the corporate	poration submits this statement for the on's board of directors. I hereby acc	e purpose of the app	ointment as regi	egistered istered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOT	E: Registered A	Agent signature require	ed when reinstating)	DATE		
12.	OFFICERS AND		13.	<u> </u>	ADDITIONS/CHANGES TO O	FFICERS	ND DIRECTOR	RS IN 12
TITLE	PD	☐ DELETE	1,1 TITL	£			Change	☐ Addition
NAME	LAQUIS, GEORGE A.		1.2 NAM	ME .				
STREET ADDRESS	40400 W OAMDIE DOAD		1.3 STR	REET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL		14 C/T	Y-ST-ZIP				
TITLE	STD	☐ DELETE	2.1 TITL	Æ			Change	Addition
NAME	RAHAEL, GEORGE		2.2 NAM	ME				
STREET ADDRESS			2.3 STR	REET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL		2. 4 CIT	Y-ST-ZIP				
TITLE	VD	☐ DELETE	3.1 TITI	rE			Change	☐ Addition
NAME	SABGA, ANTOINE		3.2 NA	WE.				
STREET ADDRESS			3.3 STF	REET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL			Y-ST-ZIP	<u> </u>		Chean	Addition
TITLE		☐ DELETE	4.1 TITL				Change	Audiuon
NAME	1		4.2 NA					
STREET ADORESS	5			REET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP			Change	Addition
TITLE		☐ DELETE	5.1 TITI 5.2 NA				Change	
NAME				_				
STREET ADDRESS	5		1	REET ADDRESS				
CITY-ST-ZIP			6.1 TITI	Y-ST-ZIP			Change	Addition
TITLE		☐ DELETE	6.2 NA				[] cuange	<u> </u>
	1		0.∠ NAI	ME.				
NAME			0.00	CET ADDOCCO				
NAME STREET ADDRESS	5			REET ADDRESS Y-ST-ZIP				

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 all officer or director of the corporation or the receiver of 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 attachmony with an address, with all other like empowered.

Court Royal Condominium Association, Inc.

GNATURE:

GRATURE:

GRATURE:

GRATURE:

SIGNATURE: