

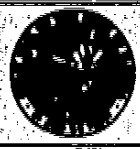
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N17467 (4)
1. Corporation Name
CORAL GATE HOMEOWNERS ASSOCIATION INC.

Principal Place of Business Mailing Address
**1811 CORAL GATE DR.
MIAMI FL 33145
US** **1811 CORAL GATE DRIVE
MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/23/1986** 3a. Date of Last Report **04/21/1994**
4. FEI Number **59-2928865** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**NICHTBERGER, SEYMOUR
1811 CORAL GATE DRIVE
MIAMI FL 33145**

10. Name and Address of New Registered Agent
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 *Seymour Nichtberger* (NOTE: Registered Agent signature required when reinstating) DATE **4-17-95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VALLEDOR, DEBORAH
STREET ADDRESS	3324 SW 20TH ST
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	GARRIDO, GRACE
STREET ADDRESS	3620 S.W. 20TH ST.
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	ANDREU, MARY
STREET ADDRESS	3270 SW 16TH TERR
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	FERNANDO, PORTUONDO
STREET ADDRESS	1911 SW 33RD CT.
CITY-ST-ZIP	MIAMI FL
TITLE	TD
NAME	NICHTBERGER, SEYMOUR
STREET ADDRESS	1811 CORAL GATE DRIVE
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CAL ALMAQUER	
1.3 STREET ADDRESS	1931 SW 32 PL	
1.4 CITY-ST-ZIP	MIAMI FL 33145	
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	VILE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GLORIA XIQUES	
3.3 STREET ADDRESS	3320 SW 17 ST	
3.4 CITY-ST-ZIP	MIAMI FL 33145	
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 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)(4), 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: *Fernando Portuondo* **FERNANDO PORTUONDO** DATE: **4/17/95** TELEPHONE #: **305 520 8132**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE #