

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 # **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

3. Date Incorporated or Qualified
10/23/1986

3a. Date of Last Report
04/21/1995

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NICHTBERGER, SEYMOUR
1811 CORAL GATE DRIVE
MIAMI FL 33145**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **P ALMAGUER, CAL**
STREET ADDRESS **1931 SW 32 PLACE**
CITY - ST - ZIP **MIAMI FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE DELETE
NAME **SD GARRIDO, GRACE**
STREET ADDRESS **3620 S.W. 20TH ST.**
CITY - ST - ZIP **MIAMI FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE DELETE
NAME **VP XIQUES, GLORIA**
STREET ADDRESS **3320 SW 17 ST**
CITY - ST - ZIP **MIAMI FL**

3.1 TITLE Change Addition
3.2 NAME **VP ANDREU MARY**
3.3 STREET ADDRESS **3270 SW 16 TERR**
3.4 CITY - ST - ZIP **MIA FL 33145**

TITLE DELETE
NAME **VD FERNANDO, PORTUONDO**
STREET ADDRESS **1911 SW 33RD CT.**
CITY - ST - ZIP **MIAMI FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DELETE
NAME **TD NICHTBERGER, SEYMOUR**
STREET ADDRESS **1811 CORAL GATE DRIVE**
CITY - ST - ZIP **MIAMI FL**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change 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)(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: **Seymour Nichtberger** *Seymour Nichtberger* **4-3-96** ³⁰⁸ **443-6345**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)