

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N17467 (4)**  
1. Corporation Name  
**CORAL GATE HOMEOWNERS ASSOCIATION INC.**



Principal Place of Business <b>1811 CORAL GATE DR. MIAMI FL 33145 US</b>	Mailing Address <b>1811 CORAL GATE DRIVE MIAMI FL 33145-2248</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>10/23/1986</b>	3a. Date of Last Report <b>04/10/1996</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>59-2928865</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>23</b>	City & State <b>28</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip <b>24</b>	Country <b>25</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b>		<b>10. Name and Address of New Registered Agent</b>	
<b>NICHTBERGER, SEYMOUR 1811 CORAL GATE DRIVE MIAMI FL 33145</b>		<b>81</b> Name	
		<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
		<b>83</b>	
		<b>84</b> City	<b>FL</b>
		<b>85</b> 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	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<del>ALMAGUER, GAL</del>
STREET ADDRESS	<del>1931 SW 32 PLACE</del>
CITY-ST-ZIP	<del>MIAMI FL</del>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>GARRIDO, GRACE</b>
STREET ADDRESS	<b>3820 S.W. 20TH ST.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE
NAME	<del>ANDREV, MARY</del>
STREET ADDRESS	<del>3270 SW 16TH TERR</del>
CITY-ST-ZIP	<del>MIAMI FL</del>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>FERNANDO, PORTUONDO</b>
STREET ADDRESS	<b>1911 SW 33RD CT.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>NICHTBERGER, SEYMOUR</b>
STREET ADDRESS	<b>1811 CORAL GATE DRIVE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?	
1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>ROBERT VALLEDOR</b>
1.3 STREET ADDRESS	<b>3328 SW 20 ST (3324)</b>
1.4 CITY-ST-ZIP	<b>MIAMI FL 33145</b>
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	<b>VP</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>DORIS K. Scheer</b>
3.3 STREET ADDRESS	<b>1840 CORAL GATE DR</b>
3.4 CITY-ST-ZIP	<b>MIAMI FL 33145</b>
4.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Wilma Dick</b>
4.3 STREET ADDRESS	<b>1670 SW 32 COURT</b>
4.4 CITY-ST-ZIP	<b>MIA FL 33145</b>
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 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: *Seymour Nichtberger* *3/12/97* *305-443-6345*

CR2E037 (9/96)