

FILE NOW: FILING FEE IS \$61.25

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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		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/23/1986</b>		3a. Date of Last Report <b>04/10/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2928865</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>NICHTBERGER, SEYMOUR 1811 CORAL GATE DRIVE MIAMI FL 33145</b>				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 \_\_\_\_\_  
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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>ALMAQUER, GAL</del>	1.2 NAME	<b>ROBERT VALLEDOR</b>
STREET ADDRESS	<del>1931 SW 32 PLACE</del>	1.3 STREET ADDRESS	<b>3328 SW 20 ST (3324)</b>
CITY-ST-ZIP	<del>MIAMI FL</del>	1.4 CITY-ST-ZIP	<b>MIAMI FLA 33145</b>
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARRIDO, GRACE</b>	2.2 NAME	
STREET ADDRESS	<b>3620 S.W. 20TH ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>ANDREV, MARY</del>	3.2 NAME	<b>DORIS K. Scheer</b>
STREET ADDRESS	<del>3270 SW 16TH TERR</del>	3.3 STREET ADDRESS	<b>1840 CORAL GATE DR</b>
CITY-ST-ZIP	<del>MIAMI FL</del>	3.4 CITY-ST-ZIP	<b>MIAMI FLA 33145</b>
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>FERNANDO, PORTUONDO</del>	4.2 NAME	<b>Wilma Dick</b>
STREET ADDRESS	<del>1911 SW 33RD CT.</del>	4.3 STREET ADDRESS	<b>1670 SW 32 COURT</b>
CITY-ST-ZIP	<del>MIAMI FL</del>	4.4 CITY-ST-ZIP	<b>MIA FLA 33145</b>
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICHTBERGER, SEYMOUR</b>	5.2 NAME	
STREET ADDRESS	<b>1811 CORAL GATE DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)