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FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N28781 **(5)**

1. Corporation Name
CORAL SPRINGS COMMUNITY CHEST, INC.

Principal Place of Business	Mailing Address
2528 UNIVERSITY DRIVE, SUITE 117 CORAL SPRINGS FL 33065	2528 UNIVERSITY DRIVE, SUITE 117 CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified: 10/10/1988

4. FEI Number: 65-0087583 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GRANT, SUSAN
2528 UNIVERSITY DRIVE
SUITE 117
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name: Cort Neimark

82 Street Address (P.O. Box Number is Not Acceptable): 800 Corporate Drive, Suite 420117

83

84 City: Ft. Lauderdale FL 85 Zip Code: 33334

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: Cort Neimark
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	CD	☐ DELETE	1.1 TITLE	Tr	☒ Change ☐ Addition
NAME	BERK, MAUREEN		1.2 NAME		
STREET ADDRESS	11893 N.W. 27 ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 CITY-ST-ZIP		
TITLE	CTD	☐ DELETE	2.1 TITLE	Tr	☒ Change ☐ Addition
NAME	GRANT, SUSAN		2.2 NAME		
STREET ADDRESS	11412 NW 1ST PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	Tr, C	☒ Change ☐ Addition
NAME	BANKOWSKI, WILLIAM		3.2 NAME		
STREET ADDRESS	2528 UNIVERSITY DRIVE, STE 117		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		3.4 CITY-ST-ZIP	33065	
TITLE	SD	☐ DELETE	4.1 TITLE	Tr, T	☒ Change ☐ Addition
NAME	NEIMARK, CORT		4.2 NAME		
STREET ADDRESS	800 CORPORATE DRIVE, Suite 4201		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33334		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	Tr	☒ Change ☐ Addition
NAME	PIERSON, MARIA		5.2 NAME		
STREET ADDRESS	6301 N.W. 5 WAY, STE 2050		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		5.4 CITY-ST-ZIP	33309	
TITLE		☐ DELETE	6.1 TITLE	Tr, S	☐ Change ☒ Addition
NAME			6.2 NAME	Kelly Shanley	
STREET ADDRESS			6.3 STREET ADDRESS	6855 Coral Springs Drive	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Coral Springs, FL 33065	

CR2E037 (10/97)

14. I 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: /s/ Susan Grant 5/14/98 954-344-1114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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