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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28781

1. Corporation Name

CORAL SPRINGS COMMUNITY CHEST, INC.

Principal Place of Business

2528 UNIVERSITY DRIVE, SUITE 117
CORAL SPRINGS FL 33065

Mailing Address

2528 UNIVERSITY DRIVE, SUITE 117
CORAL SPRINGS FL 33065



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/10/1988

4. FEI Number

65-0087583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

NEIMARK, CORT

800 CORPORATE DR

STE 4201 STE 420

FT LAUDERDALE FL 33334

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 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

3.31.99

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 ☐ DELETE

NAME BERK, MAUREEN
STREET ADDRESS 11893 N.W. 27 ST.
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ DELETE

NAME GRANT, SUSAN
STREET ADDRESS 11412 NW 1ST PLACE
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☐ DELETE

NAME BANKOWSKI, WILLIAM
STREET ADDRESS 2528 UNIVERSITY DRIVE, STE 117
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ DELETE

NAME NEIMARK, CORT
STREET ADDRESS 800 CORPORATE DR STE 4201 STE 420
CITY-ST-ZIP FT LAUDERDALE FL 33334

TITLE ☐ DELETE

NAME PIERSON, MARIA
STREET ADDRESS 6301 N.W. 5 WAY, STE 2050
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE ☐ DELETE

NAME SHANLEY, KELLY
STREET ADDRESS 2855 CORAL SPRINGS DR
CITY-ST-ZIP CORAL SPGS FL 33065

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/30/99 954-344-1144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0022270