FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N39099

(9)

CORAL PALMS HOMEOWNERS ASSOCIATION, INC.

50,110											
Principal Place of Business				Mailing Address				4 18811101 000 (1110 1811) 08114 10114			Diale Diali fabi
6700 NW 88TH TAMARAC FL			6700 NW 88TH AVENUE TAMARAC FL 33321								
							3	3. Date Incorporated or Qualified 07/16/1990		ate of Last 03/02/1	
Principal Place of Business			2a. Mailing Address 26				4	4. FEI Number Applied For Not Applied For Not Applied For			
Suite, Apt. (, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	N/		5 Additional		
22		27				. Certificate of Status Desired		Fee	Required		
City & State	9		City	& State			6	Election Campaign Financing Trust Fund Contribution		•	May Be od to Fees
Zip	(Country	Zıp		Count	ry	ε	3. This corporation has liability for	~	-	. 199.032,
24	25	Add	29	d & mamb	30				Yes [_	•	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name											
OCHTHI E	CONINV						Frai	nk Rosell			
GENTILE, SONNY 6706 NW 88TH AVE				82 Street Add			Address (F	dress (P.O. Box Number is Not Acceptable) 6740 N.W. 88th Avenue			
	C FL 33321				8	3	0/40	<u>o n.w. ooth Avenue</u>	2		
IMMARA	012 33321										
		`			8	4 City	Tam	aras El	FL		p Code 33321
11. Pursuant t	to the provisions of	f Sections 617.0502	and 6) 7.150	08, Florida Statute	s, the above	e-named co	orporation	arac, FL submits this statement for the put		anging its	registered office
11. Pursuant to the provisions of Sections 617.0502 and 6 7.1508, 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 vii, and accept the obligations of Section 617.0502 Florida Statutes.											
SIGNATURE Signature, typed or protect name of operating digital and little if applicable (NOTE Registered Agent Signature reduced when reinstating). DATE DATE											
12.		OFFICERS AND			13.			ADDITIONS/CHANGES TO OFF	ICERS AN	DIRECTO	DRS IN 12
TITEE	PD			DELETE	1 1 DTL		PD			Change	Addition
NAME	Gentile, Sc	NNY			1.2 NAM	E		nk Rosell			
STREET ADDRESS	6706 NW 88				13 STR	ET ADDRESS	6740	0 N.W. 38th Avenue	9		
CITY+ST+ZIP	TAMARAC FI	L 33321			1.4 City	- ST - ZIP		arac, FL 33321			
TITLE	VTD			À DEFE1E	2 1 TITL	:	VPD			Change	Addition
NAME		RON (MICKEY)			2.2 NAM	Ε	Chr	istina Trimmer			
STREET ADDRESS	6712 NW 88				2 3 STRI	ET ADDRESS	679	4 N.W. 88th Avenue	9		
CITY-ST-Z-P	TAMARAC FI	L 33321		Velia e e e e		(-ST-ZIP	Tama	arac, FL 33321			T talks
TITLE	SD DAMANO 10	NUM		DELETE	3 1 TITL		SD			Change Change	Addition
NAME	RAMANO, JO				3.2 NAM	_		n Ramano			
STREET ADDRESS	6786 NW 88 TAMARAC FI					ET ADDRESS		6 N.W. 88th Avenue	9		
C(TY - ST - ZIP	IAMANAC F	. 33321		DELETE	3.4 CIT	/-S1-ZIP	 ∏a ma	arac, FL 33321		K Change	Addition
TITLE NAME				Постел	4.1 NO.		Myr	on Kaplan			
STREET ACORESS						ET ADDRESS		2 N.W. 83th Avenue	a,		
CITY-ST-ZIP	•					-ST-ZIP	1	arac, FL 33321			
TITLE				DELETE	5 1 TITL		D	<u> </u>		Change	★ Addition
NAME					5.2 NAM	E	Robe	ert Mikes			
STREE! ADDRESS					5 3 STA	ET ADDRESS	674	46 N.W.88 th Ave			
CITY-ST-ZIP					5.4 CITY	-SI-ZIP	T 5	ert Mikes 46 N.w. 88 th Ave m <rag 333<="" fga.="" td=""><td>32(</td><td></td><td></td></rag>	32(
THILE				DELETE	61 TiTL					Change	☐ Addition
NAME					6 2 NAM	E					
STREET ADDRESS					6.3 STR	ET ADDRESS					
CITY-ST-ZIP						-ST-ZIP					
14. I do hereb	y certify that the in	nformation supplied w	ith this filing	is voluntarily furn	ished and d	pes not qua	alify for the	e exemption stated in Section 119	07(3)(k), FI	orida Statu	tes. 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 cath; that 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:

SIGNATURE:

SIGNATURE AND FEB OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95