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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # N44355 (8)

1. Corporation Name
CORAL RIDGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2 OCEANVIEW DR OCEANRIDGE FL 33435-7361 US	%YOST,ROBERT L. 2554 AVE AU SOLIEL GULF STREAM FL 33483 US Delete

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/17/1991	3a. Date of Last Report: 01/19/1994
4. FEI Number: 65-0275648	Applied For / Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 2 OCEAN VIEW DR -	26 C/O KATHY MILLER, PRES (D)
Suite, Apt. #, etc. 22 C/O KATHY MILLER, PRES. (D)	Suite, Apt. #, etc. 27 APT. # 3
City & State 23 APT.#3- OCEAN RIDGE FL.	City & State 28 OCEAN RIDGE FL.
Zip 24 33435 Country 25 DR	Zip 29 33435 Country 30 P.B.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
YOST, ROBERT L. 2554 AVENUE AU SOLIEL GULF STREAM FL 33483	81 Name: Miller, KATRINA R. (PRES. D) 82 Street Address (P.O. Box Number is Not Acceptable): 2 Oceanview Dr #3 83 84 City: Ocean Ridge FL 85 Zip Code: 33435

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Katrina R Miller — 1-30-95
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	PTD	1.1 TITLE	PRESIDENT / TREASURER ☒ Change ☐ Addition
NAME	YOST, ROBERT L.	1.2 NAME	KATRINA R. Miller (D)
STREET ADDRESS	2554 AVENUE AU SOLIEL Delete	1.3 STREET ADDRESS	2 OCEANVIEW DR #3
CITY-ST-ZIP	GULF STREAM FL	1.4 CITY-ST-ZIP	Ocean Ridge FL 33435
TITLE	D	2.1 TITLE	VICE PRESIDENT (D) ☒ Change ☐ Addition
NAME	YOST, PATRICIA A.	2.2 NAME	Richard Siebel
STREET ADDRESS	2554 AVENUE AU SOLIEL Delete	2.3 STREET ADDRESS	2 OCEANVIEW DR #1
CITY-ST-ZIP	GULF STREAM FL	2.4 CITY-ST-ZIP	Ocean Ridge FL 33435
TITLE	VSD	3.1 TITLE	SECRETARY (D) ☒ Change ☐ Addition
NAME	NOWLIN, JAMES W., JR.	3.2 NAME	DONALD MCCLOSKEY
STREET ADDRESS	3860 LONE PINE ROAD Delete	3.3 STREET ADDRESS	2 OCEANVIEW DR #4
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	Ocean Ridge FL 33435
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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: Katrina R Miller — 1/31/95 — (407)697-1977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061600