

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

APPROVED  
AND  
FILED

98 NOV 16 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N45599**

(0)

1. Corporation Name

**COALITION OF FLORIDA COMMUNITY ASSOCIATIONS, INC**



Principal Place of Business

Mailing Address

17560 ATLANTIC BLVD  
(416)  
SUNNY ISLES FL 33160  
US

17560 ATLANTIC BLVD  
(416)  
SUNNY ISLES FL 33160  
US

3. Date Incorporated or Qualified

10/16/1991

4. FEI Number

65-0289337

Applied For

Not Applicable

2. Principal Place of Business

21 3303 ARUBA WAY

Suite, Apt. #, etc. 0-1

22 City & State  
23 Coconut Creek FL

24 Zip 33066 Country US

2a. Mailing Address

26 3303 ARUBA WAY

Suite, Apt. #, etc. 0-1

27 City & State  
28 Coconut Creek FL

29 Zip 33066 Country US  
30 Broward

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$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

BAVLY, HARRY  
18011 BISCAYNE BLVD.  
N MIAMI BEACH FL 33160-2515

10. Name and Address of New Registered Agent

81 Name JACK HOPSON  
82 Street Address (P.O. Box Number Is Not Acceptable)  
2601 NE 14th St. #526  
83 200002692902-4  
-11/20/98-01070-011  
84 City Pompano Beach \*\*\*\*236.25 FL 33062-25

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 *Jack Hopson*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/29/98

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PT	MANNING, MARVIN	17560 ATLANTIC BLVD.	SUNNY ISLES FL	<input checked="" type="checkbox"/>
SD	BAVLY, HARRY	18011 BISCAYNE BLVD.	NO. MIAMI BCH FL	<input checked="" type="checkbox"/>
VD	SHANE, SHERWOOD J.	1860 N.E. 169TH ST.	SUNNY ISLES FL	<input checked="" type="checkbox"/>
VD	SHERMAN, DR. LEONARD H.	545 OAKS LANE	POMPAÑO BEACH FL	<input checked="" type="checkbox"/>
VD	MEISEL, JAY	3303 ARUBA WAY	COCONUT CREEK FL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President	Dr. Bob Wolf	538 NE 19th Lane	Miami FL 33179	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice President	Frank Purnilia	3200 Holiday Springs Blvd.	Navigate FL 33063	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nom Vice President	Norma Silverman	600 Three Islands Blvd #1012	Hallandale FL 33009	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice President	James C. Hart	P.O. Box 17461 NA	West Palm Beach FL 33324	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary	Jay Meisel	3303 Aruba Way 0-1	Coconut Creek FL 33066	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treasurer	Jack Hopson	2601 NE 14th St. #526	Pompano Beach FL 33062	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/98 254 979 6931

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CR2E037 (5/98)