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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N45599

1. Corporation Name

COALITION OF FLORIDA COMMUNITY ASSOCIATIONS, INC

Principal Place of Business

3303 ARUBA WAY
0-1
COCONUT CREEK FL 33066
US

Mailing Address

3303 ARUBA WAY
0-1
COCONUT CREEK FL 33066
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/16/1991

4. FEI Number
65-0289337

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

9. Name and Address of Current Registered Agent

HOPSON, JACK
2601 NE 14TH ST
#526
POMPANO BEACH FL 33062

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

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 PD ☐ DELETE

NAME WOLF, BOB DR
STREET ADDRESS 538 NE 199TH LANE
CITY-ST-ZIP MIAMI FL 33179

TITLE VD ☐ DELETE

NAME PUMILIA, FRANK
STREET ADDRESS 3200 HOLIDAY SPRINGS BLVD
CITY-ST-ZIP MARGATE FL 33063

TITLE VD ☐ DELETE

NAME SILVERMAN, NORMA
STREET ADDRESS 600 THREE ISLANDS BLVD #1012
CITY-ST-ZIP HALLANDALE FL 33009

TITLE VD ☐ DELETE

NAME HART, JAMES C
STREET ADDRESS P.O. BOX 17461 NA
CITY-ST-ZIP WEST PALM BEACH FL 33324

TITLE SD ☐ DELETE

NAME MEISEL, JAY
STREET ADDRESS 3303 ARUBA WAY
CITY-ST-ZIP COCONUT CREEK FL 33066

TITLE TD ☐ DELETE

NAME HOPSON, JACK
STREET ADDRESS 2601 NE 14TH ST. #526
CITY-ST-ZIP POMPANO BEACH FL 33062

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

JACK HOPSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-99 1-(954)-937720

CR2E037 (11/98)