


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90018 027 \*\*\*\*61.25

<b>DOCUMENT # N45599</b>	
1. Entity Name <b>COALITION OF FLORIDA COMMUNITY ASSOCIATIONS, INC.</b>	

Principal Place of Business <b>3303 ARUBA WAY 0-1 COCONUT CREEK FL 33066 US</b>	Mailing Address <b>3303 ARUBA WAY 0-1 COCONUT CREEK FL 33066 US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>65-0289337</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
<b>HOPSON, JACK 2601 NE 14TH ST #526 POMPANO BEACH FL 33062</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PD WOLF, BOB DR 538 NE 199TH LANE MIAMI FL 33179</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VD PUMILIA, FRANK 3200 HOLIDAY SPRINGS BLVD MARGATE FL 33063</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>VD SILVERMAN, NORMA 600 THREE ISLANDS BLVD #1012 HALLANDALE FL 33009</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VD HART, JAMES C P.O. BOX 17461 NA WEST PALM BEACH FL 33324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>SD MEISEL, JAY 3303 ARUBA WAY COCONUT CREEK FL 33066</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>TD HOPSON, JACK 2601 NE 14TH ST. #526 POMPANO BEACH FL 33062</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Jack Hopson* **4-14-04** (954) 783-7779  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #