FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUN 14 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49232 (4)

1. Corporation Name

CORAL SPRINGS HIGH SCHOOL COLTETTES PARENTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7201 W SAMPLE ROAD CORAL SPRINGS FL 33067	7201 W SAMPLE ROAD CORAL SPRINGS FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1992
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0397801 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KONIGSBERG, N SANDY
9900 W SAMPLE ROAD #400
CORAL SPRINGS FL 33065

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	MACDONALD, HELEN	1.2 NAME	MARY ANN YOUNT D	
STREET ADDRESS	4011 N.W. 70TH AVENUE	1.3 STREET ADDRESS	3900 NW 87 TER	
CITY-ST-ZIP	CORAL SPGS. FL	1.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VD	2.1 TITLE	VICE PRESIDENT	☑ Change ☐ Addition
NAME	PEARSON, MARY	2.2 NAME	ZIV PANICO D	
STREET ADDRESS	2705 N.W. 83RD TERRACE	2.3 STREET ADDRESS	3732 WILDERNESS WAY	
CITY-ST-ZIP	CORAL SPGS. FL	2.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	S	3.1 TITLE	SEC	☑ Change ☐ Addition
NAME	MEYER, KATHY	3.2 NAME	BETH MILEWSKI D	
STREET ADDRESS	8505 NW 29 DR	3.3 STREET ADDRESS	6612 BAYFRONT DR	
CITY-ST-ZIP	CORAL SPGS. FL	3.4 CITY-ST-ZIP	MARGATE FL 33063	
TITLE	T	4.1 TITLE	TRES	☑ Change ☐ Addition
NAME	KESSLER, BARBARA J.	4.2 NAME	SHARON WESTBROOKE	
STREET ADDRESS	5163 N.W. 58TH TERRACE	4.3 STREET ADDRESS	7046 NW 40TH CT	
CITY-ST-ZIP	CORAL SPGS. FL	4.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D	5.1 TITLE	D	☐ Change ☐ Addition
NAME	BELL, LISA	5.2 NAME	BELL, LISA	
STREET ADDRESS	7201 W. SAMPLE ROAD	5.3 STREET ADDRESS	NO CHANGE	
CITY-ST-ZIP	CORAL SPGS. FL	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: Mary Ann Yount - President — 6.8.95 — 305-753-8067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0405171