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Jul 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N49232**
1. Corporation Name
**Coral Springs High School Collettes
Parents Association, Inc.**

Principal Place of Business Mailing Address
3111 N. University Dr. Same
#720
Coral Springs, FL 33065

3. Date Incorporated or Qualified
06/03/92

4. FEI Number **65-0397801** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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. 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

Sandy N. Konigsberg
9900 W. Sample Road, #400
Coral Springs, FL 33065

10. Name and Address of New Registered Agent

81 Name **Lawrence Fisher**
82 Street Address (P.O. Box Number is Not Acceptable)
3111 N. University Drive, #720
83
84 City **Coral Springs** **FL** 85 Zip Code **33065**

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 of 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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6/30/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P/D**

STREET ADDRESS **Cathy Kuhns**

CITY-ST-ZIP **8306 N.W. 36 Street**

Coral Springs, FL 33065

TITLE ☐ DELETE

NAME **VP/D**

STREET ADDRESS **Sam Franco**

CITY-ST-ZIP **5107 N.W. 83 Lane**

Coral Springs, FL 33067

TITLE ☐ DELETE

NAME **S/D**

STREET ADDRESS **Shelly Fisher**

CITY-ST-ZIP **5144 N.W. 83 Lane**

Coral Springs, FL 33067

TITLE ☐ DELETE

NAME **T/D**

STREET ADDRESS **Lawrence Fisher**

CITY-ST-ZIP **5144 N.W. 83 Lane**

Coral Springs, FL 33067

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, typed or printed name of signing officer or director

6/30/98 (954)345-8666

CR2E037 (10/97)