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

1995 FEB -3

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001400231
-02/08/95--01030--003
****130.00 ****130.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # N92000000064 (7)

1. Corporation Name

CORAL PINES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10225 SW 68TH COURT MIAMI FL 33156	10225 SW 68TH COURT MIAMI FL 33156

3. Date Incorporated or Qualified: 10/30/1992
3a. Date of Last Report: 01/26/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 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. 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

9. Name and Address of Current Registered Agent

MCMILLAN, SHERRY D
STUZIN AND CAMNER, P.A.
1221 BRICKELL AVE., 25TH FL.
MIAMI FL 33131

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		☐ Change ☐ Addition
NAME	STUZIN, ROSALYN	1.2 NAME		
STREET ADDRESS	10225 SW 68TH CT	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP		
TITLE	STD	2.1 TITLE	STD	☒ Change ☐ Addition
NAME	BERNKRANT, MURPH	2.2 NAME	KAREN TORCWE	
STREET ADDRESS	10155 SW 67TH ST	2.3 STREET ADDRESS	6800 SW 101 ST	
CITY-ST-ZIP	MIAMI FL 33156	2.4 CITY-ST-ZIP	MIAMI, FL. 33156	
TITLE	VD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	BLUM, FRAN	3.2 NAME	PATRICIA DELINOW	
STREET ADDRESS	10100 HIDDEN PL	3.3 STREET ADDRESS	10500 S.W 62 AVE	
CITY-ST-ZIP	MIAMI FL 33156	3.4 CITY-ST-ZIP	MIAMI, FL. 33156	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	GOLDBERG, ESTHER	4.2 NAME	DIANE KRAMER	
STREET ADDRESS	1101 BRICKELL AVENUE	4.3 STREET ADDRESS	10201 S.W. 69 Ave.	
CITY-ST-ZIP	MIAMI FL 33131	4.4 CITY-ST-ZIP	MIAMI, FL. 33156	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	GOLDFARB, MARGIE	5.2 NAME	NIRKI EDELMAN	
STREET ADDRESS	6905 SW 101ST ST	5.3 STREET ADDRESS	6445 S.W. 102 ST	
CITY-ST-ZIP	MIAMI FL 33156	5.4 CITY-ST-ZIP	MIAMI, FL. 33156	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	LAPIDUS, MARILYN	6.2 NAME		
STREET ADDRESS	6969 SW 101ST ST	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156	6.4 CITY-ST-ZIP		

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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)(k), 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: ROSALYN STUZIN Rosalyn Stuzin 1-16-95 (305)668-1722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000623