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NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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
02/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD STEELE, CLIFFORD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6841 S.W. 104TH ST.	1 2 NAME	
STREET ADDRESS	MIAMI FL 33156	1 3 STREET ADDRESS	
CITY-ST-ZIP		1 4 CITY-ST-ZIP	
TITLE	STD TORCISE, KAREN	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6800 SW 101 ST.	2 2 NAME	
STREET ADDRESS	MIAMI FL 33156	2 3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	
TITLE	VD DELINOIS, PATRICIA	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10500 S.W. 62 AVE.	3 2 NAME	
STREET ADDRESS	MIAMI FL 33156	3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE	D KRAMER, DIANE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10201 S.W. 69 AVE.	4 2 NAME	
STREET ADDRESS	MIAMI FL 33156	4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE	D ESSERMAN, NIKKI	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6445 S.W. 102 ST.	5 2 NAME	
STREET ADDRESS	MIAMI FL 33156	5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE	D LAPIDUS, MARILYN	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6969 SW 101ST ST	6 2 NAME	
STREET ADDRESS	MIAMI FL 33156	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)(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:

Nikki Esserman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-26-96

Daytime Phone #

665-7617

CR2E037 (12/95)