

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90040 035 ****70.00

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1. Corporation Name

**CORAL SPRINGS ECONOMIC DEVELOPMENT FOUNDATION, I
NC.**

Principal Place of Business

9531 W SAMPLE ROAD
CORAL SPRINGS FL 33065
US

Mailing Address

9531 W SAMPLE ROAD
CORAL SPRINGS FL 33065
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/01/1993

4. FEI Number

65-0439578

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

**GOODRICH, JOAN K
9531 WEST SAMPLE ROAD
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 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

TITLE **CD** ☒ DELETE
NAME **RUFFIN, JR. JOHN**
STREET ADDRESS **9650 NW 42 STREET**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **VD** ☐ DELETE
NAME **MOYLE, BERNARD**
STREET ADDRESS **ONE FINANCIAL PLAZA STE 1600**
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **SD** ☒ DELETE
NAME **URBANSKI, DENNIS**
STREET ADDRESS **3831 BW 21ST AVE**
CITY-ST-ZIP **POMPANO BEACH FL 33073**

TITLE **TD** ☐ DELETE
NAME **WLASH, JOHN**
STREET ADDRESS **3111 N UNIVERSITY DRIVE STE 1050**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **CD** ☒ Change ☐ Addition
2.2 NAME **MOYLE, BERNARD**
2.3 STREET ADDRESS **ONE FINANCIAL PLAZA, STE. 1600**
2.4 CITY-ST-ZIP **FT. LAUDERDALE FL 33094**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **SD** ☒ Change ☐ Addition
4.2 NAME **WALSH, JOHN**
4.3 STREET ADDRESS **3111 N. UNIVERSITY DR., STE. 1050**
4.4 CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

5.1 TITLE **VD** ☐ Change ☒ Addition
5.2 NAME **NEIDER, MICHAEL**
5.3 STREET ADDRESS **13095 NW 39 STREET**
5.4 CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

6.1 TITLE **TD** ☐ Change ☒ Addition
6.2 NAME **GOTTFRIED, ANNE**
6.3 STREET ADDRESS **ONE FINANCIAL PLAZA, STE. 1600**
6.4 CITY-ST-ZIP **FT. LAUDERDALE FL 33094-7090**

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-99

954524-6800

Date

Daytime Phone #

CR25037 (11/98)