

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N94000003183 (0)

1. Corporation Name

THE CORAL- AIRES OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

**C/O ARTS & HUMANITIES
2811-M TAMAMI TRAIL
PORT CHARLOTTE FL 33952**

**C/O ARTS & HUMANITIES
2811-M TAMAMI TRAIL
PORT CHARLOTTE FL 33952**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1994

3a. Date of Last Report

4. FEI Number

65-0207766

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PREUSKER, JOYCE A
C/O ARTS & HUMANITIES
2811-M TAMAMI TRAIL
PORT CHARLOTTE FL 33952**

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

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 **P D**
NAME **PREUSKER, JOYCE A**
STREET ADDRESS **6145 ROBERTA DR**
CITY - ST - ZIP **ENGLEWOOD FL 34224**

TITLE **V D**
NAME **MORGAN, GLORIA**
STREET ADDRESS **2273 S SALFORD BLVD**
CITY - ST - ZIP **NORTH PORT FL 34287**

TITLE **V**
NAME **JASIN, RAY**
STREET ADDRESS **12386 KNEELAND TERR**
CITY - ST - ZIP **PORT CHARLOTTE FL 33981**

TITLE **S D**
NAME **CODDINGTON, EMILY L**
STREET ADDRESS **5348 NE DENSAR ROAD**
CITY - ST - ZIP **NORTH PORT FL 34287**

TITLE **T**
NAME **ANDELIN, ALAN J**
STREET ADDRESS **6145 ROBERTA DR**
CITY - ST - ZIP **ENGLEWOOD FL 34224**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
400001493214
-05/18/95--01028--018
*******61.25 *****61.25**
☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE **ND** ☒ Change ☐ Addition
32 NAME **DON COUNTS**
33 STREET ADDRESS **1475 FLAMINGO DR #211**
34 CITY - ST - ZIP **ENGLEWOOD FL 34224**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

REMITTED BY MAY 1

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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alan J. Andelin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/95 (813) 473-3900
DATE