

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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 TAMiami TRAIL
PORT CHARLOTTE FL 33952

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

3. Date Incorporated or Qualified
06/22/1994

3a. Date of Last Report
05/01/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

29 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

PREUSKER, JOYCE A
C/O ARTS & HUMANITIES
2811-M TAMiami 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 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 state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P D
PREUSKER, JOYCE A
6145 ROBERTA DR
ENGLEWOOD FL 34224

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
MORGAN, GLORIA
2273 S Salford Blvd
NORTH PORT FL 34287

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
COUNTS, DON
1475 FLAMINGO DR. #211
ENGLEWOOD FL 34224

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
CODDINGTON, EMILY L
5348 NE Densaw Road
NORTH PORT FL 34287

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T D
ANDELIN, ALAN J
6145 ROBERTA DR
ENGLEWOOD FL 34224

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13.

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
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31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

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

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

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

VD
Helen Ransom
630 Oxford Dr. S.
Englewood, FL 34223

900001831489
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***\$61.25

D
Irma Lepage
1475 Flamingo Dr. Lot 124
Englewood, FL 34224

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0017607

CR2E037 (12/95)