

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000004961 (8)

1. Corporation Name

CORAL ISLE CONDOMINIUM ASSOCIATION (BROWARD COUNTY), INC.

Principal Place of Business

461 S.W. 113TH AVE.
PLANTATION FL 33325

Mailing Address

461 S.W. 113TH AVE.
PLANTATION FL 33325

FILED

97 FEB 26 AM 8:11

SECRETARY OF STATE
TALLAHASSEE

Filed as A/R for 96 & 97
MWB notice not received

3. Date Incorporated or Qualified
10/06/1994

3a. Date of Last Report
08/11/1995

2. Principal Place of Business

21 2680 Arbor Drive

Suite, Apt. #, etc.

22

City & State

23 Ft Lauderdale FLA

Zip

24 33312

Country

25 USA

2a. Mailing Address

26 2680 Arbor Drive

Suite, Apt. #, etc.

27

City & State

28 Ft Lauderdale FLA

Zip

29 33312

Country

30 USA

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCBRIDE, WALTER K

461 S.W. 113TH AVE.

PLANTATION FL 33325

2680 Arbor Drive

Ft Lauderdale FLA

33312

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 reappointing)

DATE

WALTER MCBRIDE President 1-12-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME MCBRIDE, WALTER K
STREET ADDRESS 461 S.W. 113TH AVE. 2680 Arbor Dr
CITY-ST-ZIP PLANTATION FL 33325 Ft Lauderdale FLA

TITLE DV ☐ DELETE 33312
NAME MCBRIDE, MICHAEL K 2680 Arbor Drive
STREET ADDRESS 461 S.W. 113TH AVE. Ft Lauderdale FLA
CITY-ST-ZIP PLANTATION FL 33325 33312

TITLE DST ☐ DELETE
NAME EISENBERG, LEE 11740 SW 300 ST
STREET ADDRESS 461 S.W. 113TH AVE. PLANTATION, FL
CITY-ST-ZIP PLANTATION FL 33325 33325

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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****122.50 ****122.50

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 #

WALTER MCBRIDE 1-12-97 954 321-5520

CR2E037 (12/95)