

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996-1997



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

APPROVED  
AND  
FILED

97 JUL 11 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000004961**  
1. Corporation Name  
**CORAL ISLE CONDOMINIUM ASSOCIATION  
(BROWARD COUNTY), INC.**

Principal Place of Business Mailing Address  
**c/o Carrie Sehr, President  
3077 N.W. 92nd Avenue  
Coral Springs, FL 33065**

3. Date Incorporated or Qualified **10-6-94** 3a. Date of Last Report

4. FEI Number 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

2. Principal Place of Business 2a. Mailing Address  
21 **c/o Carrie Sehr, President** 26 **c/o Carrie Sehr, President**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **3077 N.W. 92nd Avenue** 27 **3077 N.W. 92nd Avenue**  
City & State City & State  
23 **Coral Springs, FL** 28 **Coral Springs, FL**  
Zip Country Zip Country  
24 **33065** 25 **USA** 29 **33065** 30 **USA**

9. Name and Address of Current Registered Agent  
**McBride, Walter  
2680 Arbor Drive  
Ft. Lauderdale, FL 33312**

10. Name and Address of New Registered Agent  
81 Name **Robert B. Burr, Esq.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**Sachs, Sax & Klein, P.A.**  
83 **301 Yamato Road, Suite 4150**  
84 City **Boca Raton** FL 85 Zip Code **33481**

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 *Robert B. Burr* **ROBERT B. BURR** **6-25-97**  
Signature of officer or director required when reinstating (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE D/P ☒ DELETE  
NAME **McBride, Walter**  
STREET ADDRESS **2680 Arbor Drive**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33312**  
TITLE D/V ☒ DELETE  
NAME **McBride, Michael**  
STREET ADDRESS **2680 Arbor Drive**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33312**  
TITLE D/S/T ☒ DELETE  
NAME **Eisenberg, Lee**  
STREET ADDRESS **11740 S.W. 3rd Street**  
CITY-ST-ZIP **Plantation, FL 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  
000002237650-13  
-07/14/97--01163--010  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE D/P ☒ Change ☐ Addition  
1.2 NAME **Sehr, Carrie**  
1.3 STREET ADDRESS **3077 N.W. 92nd Avenue**  
1.4 CITY-ST-ZIP **Coral Springs, FL 33065**  
2.1 TITLE VP/D ☒ Change ☐ Addition  
2.2 NAME **Lyon, Mark**  
2.3 STREET ADDRESS **3061 N.W. 92nd Avenue**  
2.4 CITY-ST-ZIP **Coral Springs, FL 33065**  
3.1 TITLE T/D ☒ Change ☐ Addition  
3.2 NAME **Affatati, Peter**  
3.3 STREET ADDRESS **3079 N.W. 92nd Avenue**  
3.4 CITY-ST-ZIP **Coral Springs, FL 33065**  
4.1 TITLE S ☒ Change ☐ Addition  
4.2 NAME **Ann Conner**  
4.3 STREET ADDRESS **3087 N.W. 92nd Avenue**  
4.4 CITY-ST-ZIP **Coral Springs, FL 33065**  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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: *Carrie Sehr* **6/30/97** 954-796-3250  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (3/96)