

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> 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

Mailing Address

C/O CARRIE SEHR, PRESIDENT  
3077 N.W. 92ND AVENUE  
CORAL SPRINGS FL 33065

C/O CARRIE SEHR, PRESIDENT  
3077 N.W. 92ND AVENUE  
CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified

**10/06/1994**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **3073 NW 92nd Ave**

26 **3073 NW 92nd Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **Coral Springs, FL**

24 Zip **33065**

25 County **Broward**

27 City & State

28 **Coral Springs, FL**

29 Zip **33065**

30 County **Broward**

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. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BURR, ROBERT B ESQUIRE  
SACHS, SAX & KLEIN, P.A.  
301 YAMATO ROAD, SUITE 4150  
BOCA RATON FL 33481**

10. Name and Address of New Registered Agent

81 Name

**Rachel French**

82 Street Address (P.O. Box Number is Not Acceptable)

**3073 NW 92nd Ave**

83

84 City

**Coral Springs**

**FL**

85 Zip Code

**33065**

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 **R. French**

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	DP	<input checked="" type="checkbox"/> DELETE
NAME	SEHR, CARRIE	
STREET ADDRESS	3077 N.W. 92ND AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LYON, MARK	
STREET ADDRESS	3061 N.W. 92ND AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	AFFATATI, PETER	
STREET ADDRESS	3079 N.W. 92ND AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CONNER, ANN	
STREET ADDRESS	3067 N.W. 92ND AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>French, Rachel</b>	
1.3 STREET ADDRESS	<b>3073 NW 92 Ave</b>	
1.4 CITY-ST-ZIP	<b>Coral Springs FL 33065</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: **Rachel French** **Rachel French** **04/07/98** **951-7576754**

CR2E037 (10/97)