

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000000057 (7)  
1. Corporation Name

CORAL PALMS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

201 ALHAMBRA CIRCLE, SUITE 1200  
CORAL GABLES FL 33134

Mailing Address

201 ALHAMBRA CIRCLE, SUITE 1200  
CORAL GABLES FL 33134-5198



3. Date Incorporated or Qualified  
01/04/1996

3a. Date of Last Report

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

4. FEI Number  
65-0664517

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

BROOKE, PETER M  
201 ALHAMBRA CIRCLE, SUITE 1200  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME SEMET, BARRY N  
STREET ADDRESS 201 ALHAMBRA CIRCLE, SUITE 1200  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☒ DELETE  
NAME LICKSTEIN, FRED K  
STREET ADDRESS 201 ALHAMBRA CIRCLE, SUITE 1200  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☒ DELETE  
NAME STERBAUM, MARC J  
STREET ADDRESS 201 ALHAMBRA CIRCLE, SUITE 1200  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D.P. ☐ Change ☒ Addition  
1.2 NAME EDGARDO de Fortuna  
1.3 STREET ADDRESS 2666 BRICKELL AVE  
1.4 CITY-ST-ZIP MIAMI FL. 33129

2.1 TITLE D.V.P.H. ☐ Change ☒ Addition  
2.2 NAME NORMAN MININBERG  
2.3 STREET ADDRESS 2666 BRICKELL AVE.  
2.4 CITY-ST-ZIP MIAMI FL. 33129

3.1 TITLE D.Sec. ☐ Change ☒ Addition  
3.2 NAME LAURA L. RODRIGUEZ  
3.3 STREET ADDRESS 2666 BRICKELL AVE.  
3.4 CITY-ST-ZIP MIAMI, FL. 33129

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

14. I do 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 [Signature]

CR2E037 (9/96)