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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000002119

1. Corporation Name

CORAL REEF CLUB HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

1350 EAST NEWPORT CENTER DRIVE STE 200
 DEERFIELD BEACH FL 33442

Mailing Address

951 BROKEN SOUND PKWY
 STE 250
 BOCA RATON FL 33487



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/18/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0674375	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing	
24		25		Trust Fund Contribution <input type="checkbox"/>	
29		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COMMUNITY ASSOC. SERVICES 951 BROKEN SOUND PKWY SUITE 250 BOCA RATON FL 33487				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORMOND, SUZANNE	1.2 NAME	TRUDY LESSNE
STREET ADDRESS	1350 EAST NEWPORT CENTER DRIVE STE 200	1.3 STREET ADDRESS	5609 NW 99th LANE
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	1.4 CITY-ST-ZIP	CORAL SPRINGS FL 33076
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLM, DRUSILLA	2.2 NAME	SARA JUDICIANI
STREET ADDRESS	1350 EAST NEWPORT CENTER DRIVE STE 200	2.3 STREET ADDRESS	9823 NW 57th AVE
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	2.4 CITY-ST-ZIP	CORAL SPRINGS FL 33076
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DSEC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REEGER, STEVE	3.2 NAME	MICHELE MOORE
STREET ADDRESS	1350 EAST NEWPORT CENTER DRIVE STE 200	3.3 STREET ADDRESS	5633 NW 99th WAY
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	3.4 CITY-ST-ZIP	CORAL SPRINGS FL 33076
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D TREAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	STACY WEINTRAUB
STREET ADDRESS		4.3 STREET ADDRESS	9918 NW 56th PLACE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CORAL SPRINGS FL 33076
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Trudy Lessne **REQUIRE** TRUDY L. LESSNE 3-15-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)