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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005027 (5)**

1. Corporation Name

CORAL CAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2937 S.W. 27TH AVENUE
SUITE 306
MIAMI FL 33133

2937 S.W. 27TH AVENUE
SUITE 306
MIAMI FL 33133-3772

3. Date Incorporated or Qualified
09/30/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **10691 N. Kendall Drive**

26 **10691 N. Kendall Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **# 310**

27 **# 310**

23 **Miami, Florida**

28 **Miami, Florida**

City & State

City & State

24 **33176**

Country

25 **United States**

Country

29 **33176**

Country

30 **United States**

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AGUILERA, ANTONIO M
2937 S.W. 27TH AVENUE
SUITE 306
MIAMI FL 33133

81 Name **José Luis Machado**
82 Street Address (P.O. Box Number Is Not Acceptable)
10691 N. Kendall Drive
83 **Ste 310**
84 City **Miami** FL 85 Zip Code **33176**

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]

José Luis Machado

4/28/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **SANCHEZ, REINALDO M**
STREET ADDRESS **10400 S.W. 19 STREET**
CITY - ST - ZIP **MIAMI FL 33165**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **TD** ☐ DELETE
NAME **IGLESIAS, ROLANDO**
STREET ADDRESS **9265 S.W. 10 TERRACE**
CITY - ST - ZIP **MIAMI FL 33174**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **VD** ☒ DELETE
NAME **AGUILERA, ANTONIO M**
STREET ADDRESS **2937 S.W. 27TH AVENUE, SUITE 306**
CITY - ST - ZIP **MIAMI FL 33133**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **José Luis Machado**
3.3 STREET ADDRESS **10691 N. Kendall Drive, Ste 310**
3.4 CITY - ST - ZIP **Miami, FL 33176**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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]

4/28/97 (905) 275-8550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0026824

CR2E037 (9/96)