

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90059 032 ****61.25

DOCUMENT # N97000006438

1. Entity Name
**THE CORALS OF OAKLAND PARK HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**2787 E. OAKLAND PARK BLVD.
SUITE 404
FORT LAUDERDALE, FL 33306**

Mailing Address
**2787 E. OAKLAND PARK BLVD.
SUITE 404
FORT LAUDERDALE, FL 33306**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132004

Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0801468

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional-
Fee Required

6. Name and Address of Current Registered Agent

**CRANE, DAVID W
2787 E. OAKLAND PARK BLVD.
SUITE 404
FORT LAUDERDALE, FL 33306**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	SEARS, BILL	
STREET ADDRESS	4251 NE 16 AVE	
CITY-ST-ZIP	OAKLAND PARK, FL 33334	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ALDERMAN, JOANN	
STREET ADDRESS	4031 N.E. 15TH AVE.	
CITY-ST-ZIP	OAKLAND PARK, FL 33334	
TITLE	S	<input type="checkbox"/> Delete
NAME	BERNARDI, KEVIN	
STREET ADDRESS	4731 NE 15TH TERR.	
CITY-ST-ZIP	OAKLAND PARK, FL 33334	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SWEET, LYNDIA	
STREET ADDRESS	1540 NE 43 STREET	
CITY-ST-ZIP	OAKLAND PARK, FL 33334	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCINTYRE, JACK	
STREET ADDRESS	1593 NE 49TH ST.	
CITY-ST-ZIP	OAKLAND PARK, FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACK, Janet	
STREET ADDRESS	1401 NE 39 Street	
CITY-ST-ZIP	Oakland Park, FL 33334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAW, Marilyn	
STREET ADDRESS	1727 NE 37 Street	
CITY-ST-ZIP	Oakland Park, FL 33334	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

William N. Sears **William N. SEARS**

1/15/04

(954) 771-5503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #