

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000069513 (6)**

1. Corporation Name

**CORAL RIDGE COMMUNITIES, INC.**



Principal Place of Business

**3300 UNIVERSITY DR.  
CORAL SPRINGS FL 33065**

Mailing Address

**3300 UNIVERSITY DR.  
CORAL SPRINGS FL 33065**

3. Date Incorporated or Qualified

**09/11/1995**

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

**65-0615045**

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

**GORDON, K Y  
3300 UNIVERSITY DR.  
CORAL SPRINGS FL 33065**

*[Signature]*

10. Name and Address of New Registered Agent

81 Name

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

83 **400001793414**

**04/24/96-01095-001**

84 City

**\*\*\*208.75**

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

**Kenneth Y. Gordon**

**4/22/96**

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature is required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KOSTE, B R	
STREET ADDRESS	801 LAUREL OAK DR.	
CITY-ST-ZIP	NAPLES FL 33963	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RAMSEY, R W	
STREET ADDRESS	3300 UNIVERSITY DR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	TSD	<input checked="" type="checkbox"/> DELETE
NAME	MUCCI, M E	
STREET ADDRESS	3300 UNIVERSITY DR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DYESS, R D	
STREET ADDRESS	3300 UNIVERSITY DR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GRAHAM, D H	
STREET ADDRESS	3300 UNIVERSITY DR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	VANCE, D L	
STREET ADDRESS	3300 UNIVERSITY DR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HOFFMAN, A., JR.	
1.3 STREET ADDRESS	801 Laurel Oak Drive	
1.4 CITY-ST-ZIP	Naples, FL 33963	
2.1 TITLE	V SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MCGOWAN, J. P.	
2.3 STREET ADDRESS	3300 University Drive	
2.4 CITY-ST-ZIP	Coral Springs, FL 33065	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DISTEFANO, P. L.	
3.3 STREET ADDRESS	3300 University Drive	
3.4 CITY-ST-ZIP	Coral Springs, FL 33065	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ANGELO, P. J.	
4.3 STREET ADDRESS	3300 University Drive	
4.4 CITY-ST-ZIP	Coral Springs, FL 33065	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WISELEY, M. M.	
5.3 STREET ADDRESS	3300 University Drive	
5.4 CITY-ST-ZIP	Coral Springs, FL 33065	
6.1 TITLE	AV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	TARAVELLA, J. P., JR.	
6.3 STREET ADDRESS	3300 University Drive	
6.4 CITY-ST-ZIP	Coral Springs, FL 33065	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James P. McGowan, Vice President**

**4/22/96**

Date

Daytime Phone

CR2E034 (12/95)

**4-24-96**