

2001 UNIFORM BUSINESS REPORT (UBR)

10/2 0400282

DOCUMENT # P95000069513

1. Entity Name
CORAL RIDGE COMMUNITIES, INC.

FILED

01 APR 30 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 24301 WALDEN CENTER DRIVE BONITA SPRINGS FL 34134 US	Mailing Address 24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS FL 34134
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	65-0615045	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HASTINGS, VIVIEN 24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS FL 34134
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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.

900004211949--6
-05/11/01--01089--001
*****888.00 *****50.00

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating))

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> Delete
NAME	MOSCATO, ALBERT F JR
STREET ADDRESS	24301 WALDEN CENTER DRIVE
CITY-ST-ZIP	BONITA SPRINGS FL 34134
TITLE	DV <input type="checkbox"/> Delete
NAME	ANGELO, PAUL J
STREET ADDRESS	24301 WALDEN CENTER DRIVE
CITY-ST-ZIP	BONITA SPRINGS FL 34134
TITLE	VT <input type="checkbox"/> Delete
NAME	ADELMAN, STEVEN C
STREET ADDRESS	24301 WALDEN CENTER DRIVE
CITY-ST-ZIP	BONITA SPRINGS FL 34134
TITLE	AV <input type="checkbox"/> Delete
NAME	SMIETANA, MARK J
STREET ADDRESS	2430 WALDEN CENTER DRIVE
CITY-ST-ZIP	BONITA SPRINGS FL 34134
TITLE	V <input type="checkbox"/> Delete
NAME	DYESS, R. D.
STREET ADDRESS	24301 WALDEN CENTER DRIVE
CITY-ST-ZIP	BONITA SPRINGS FL 34134
TITLE	S <input type="checkbox"/> Delete
NAME	HASTINGS, VIVIEN
STREET ADDRESS	24301 WALDEN CENTER DRIVE
CITY-ST-ZIP	BONITA SPRINGS FL 34134

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input 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	
TITLE	<input 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	

13. 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 no 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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vivien Hastings, Secretary 4/9/01 (941) 947-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

2062

2001 Uniform Business Report
Coral Ridge Communities, Inc.
Document No. P95000069513

10. AV
Patricia Z. Hitchcock
24301 Walden Center Drive
Bonita Springs, FL 34134

AS
Maryann Nance
24301 Walden Center Drive
Bonita Springs, FL 34134