

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 703107 (3)

1. Corporation Name  
CORAL RIDGE ASSOCIATION INC



Principal Place of Business Mailing Address  
% BRIAN LEARY 901 SOUTH FEDERAL HWY.. #300 FT LAUDERDALE FL 33316  
% BRIAN LEARY 901 SOUTH FEDERAL HWY.. #300 FT LAUDERDALE FL 33316

3. Date Incorporated or Qualified 11/02/1961  
3a. Date of Last Report 01/23/1995

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 29 Zip 30 Country

4. FEI Number 59-6153214 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  
LEARY, BRIAN  
901 SOUTH FEDEAL HWY., #300  
FT. LAUDERDALE FL 33316  
10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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, 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	P/D LEARY, BRIAN 200 E BROWARD BLVD FT LAUDERDALE FL 33301	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	901 S. Fed. Hwy. #300
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Ft Lauderdale FL 33316
TITLE	VP/D MACKE, DOUGLAS 200 E BROWARD FT LAUDERDALE FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	901 S. Fed Hwy. #300
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Ft Lauderdale FL 33316
TITLE	S/D KEARSON, PATRICIA 200 E BROWARD FT LAUDERDALE, FL 00000	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	901 S. Fed Hwy #300
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ft Lauderdale FL 33316
TITLE	T/D MARCK, MARY EVA 200 E BROWARD BLVD FT LAUDERDALE, FL 00000 FL 33301	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	JAMES STIMPSON
STREET ADDRESS		4.3 STREET ADDRESS	901 S. Fed Hwy #300
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ft Lauderdale FL 33316
TITLE	D SULLIVAN, EDWARD 200 E BROWARD FT LAUDERDALE, FL 00000 33301	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	901 S. Fed Hwy #300
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Ft. Lauderdale FL 33316
TITLE	D SEARLES, RICHARD K 200 E BROWARD FT LAUDERDALE FL 33301	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	901 S. Fed. Hwy. #300
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Ft Lauderdale FL 33316

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 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: *Brian Leary* Brian F. Leary, Pres. 11/16/96 463-6755  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)