

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90040 039 ****61.25

DOCUMENT # 703107
 1. Entity Name
CORAL RIDGE ASSOCIATION INC



Principal Place of Business Mailing Address
C/O ALAN VORDERMEIER **C/O ALAN VORDERMEIER**
2132 E OAKLAND PARK BLVD **2132 E OAKLAND PARK BLVD**
FORT LAUDERDALE FL 33306 **FORT LAUDERDALE FL 33306**
US **US**



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
403 Brian Leary **40 Brian Leary**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
2870 NE 28th Street **2870 NE 28th Street**

City & State City & State
Fort Lauderdale FL **Fort Lauderdale FL**
 Zip Country Zip Country
33306 USA **33306 USA**

4. FEI Number 59-6153214 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~VORDERMEIER, ALAN~~
~~2132 E OAKLAND PARK BLVD~~
~~FORT LAUDERDALE FL 33306~~

7. Name and Address of New Registered Agent
 Name **Brian F. Leary**
 Street Address (P.O. Box Number is Not Acceptable)
2870 NE 28th Street
 City **Fort Lauderdale FL** Zip Code **33306**

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 *Brian Leary* **BRIAN F. LEARY** DATE **3-3-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: 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	P	VORDERMEIER, ALAN	<input checked="" type="checkbox"/> Delete
NAME		2132 E OAKLAND PARK BLVD.	
STREET ADDRESS		FORT LAUDERDALE FL 33306	
CITY-ST-ZIP			
TITLE	VR	BISHOP, DAVID	<input checked="" type="checkbox"/> Delete
NAME		1636 CORAL RIDGE DR.	
STREET ADDRESS		FORT LAUDERDALE FL 33305	
CITY-ST-ZIP			
TITLE	RSD	DOW, BETSY	<input type="checkbox"/> Delete
NAME		2133 MIDDLE RIVER DR.	
STREET ADDRESS		FORT LAUDERDALE FL 33305	
CITY-ST-ZIP			
TITLE	SCD	REVIER, VIKI	<input type="checkbox"/> Delete
NAME		1525 CORAL RIDGE DR.	
STREET ADDRESS		FORT LAUDERDALE FL 33304	
CITY-ST-ZIP			
TITLE	TD	COONEY, STEVE	<input type="checkbox"/> Delete
NAME		2420 N.E. 12 CT.	
STREET ADDRESS		FORT LAUDERDALE FL 33304	
CITY-ST-ZIP			
TITLE	AT	BOOPKIN, STEVE	<input checked="" type="checkbox"/> Delete
NAME		2525 N.E. 28th STREET	
STREET ADDRESS		FORT LAUDERDALE FL 33306	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		LEARY, Brian	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		President	
STREET ADDRESS		2870 NE 28th Street	
CITY-ST-ZIP		Fort Lauderdale FL 33306	
TITLE		Vice President, Dir.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		Massey, Dir.	
STREET ADDRESS		2510 NE 13th Court	
CITY-ST-ZIP		Fort Lauderdale FL 33304	
TITLE		Corresponding Secretary/Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		RON LADFEY	
STREET ADDRESS		2800 Middle River Drive	
CITY-ST-ZIP		Fort Lauderdale FL 33306	
TITLE		Assistant Treasurer/Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		BOOLEY, PAUL	
STREET ADDRESS		2849 NE 29th Street	
CITY-ST-ZIP		Fort Lauderdale FL 33306	

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: *Brian Leary, President & Director* **BRIAN F. LEARY** DATE **3-3-04** (954) 566-5643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #