

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90051 036 \*\*\*\*61.25

**DOCUMENT # 703107**

1. Entity Name  
**CORAL RIDGE ASSOCIATION INC**



Principal Place of Business      Mailing Address  
**% REID A. COCALIS**      **% REID A. COCALIS**  
**2514 NE 30TH STREET**      **2514 NE 30TH STREET**  
**FORT LAUDERDALE, FL 33306 US**      **FORT LAUDERDALE, FL 33306 US**

40068133



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**40 Betsy Dow**      **40 Betsy Dow**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**2133 Middle River Dr.**      **2133 Middle River Dr**  
 City & State      City & State  
**Ft Lauderdale FL**      **Ft Lauderdale FL**  
 Zip      Country      Zip      Country  
**33305 US**      **33305 US**

04092008 Chg-NP CR2E037 (12/06)

4. FEI Number      Applied For  
**59-6153214**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**COCALIS, REID A**  
**2514 NE 30TH STREET**  
**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      State      Zip Code  
**Ft Lauderdale FL 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 F. Leary* **Brian F. Leary**      4-10-08  
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, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD COCALIS, REID A 2514 NE 30TH STREET FORT LAUDERDALE, FL 33306	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FINGADO, CHRISTINE 1272 SEMINOLE DRIVE FORT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD DOW, BETSY 2133 MIDDLE RIVER DRIVE FORT LAUDERDALE, FL 33305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD DOW, BETSY 2133 MIDDLE RIVER DRIVE FORT LAUDERDALE, FL 33305	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREG, MARTIN 2834 NE 20TH COURT FORT LAUDERDALE, FL 33306	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Bill Ciani 1617 Middle River Drive Ft Lauderdale FL 33304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Brian Leary 2870 NE 28th Street Ft Lauderdale FL 33306	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Gale Butler 2717 NE 27th Terrace Ft Lauderdale FL 33306	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 F. Leary, Treas.* **Brian F. Leary, Treas.**      4/10/08      **9545665643**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #