

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703107

Entity Name: CORAL RIDGE ASSOCIATION INC**Current Principal Place of Business:**C/O CHRISTOPHER T. WILLIAMS
2807 NE 26TH PLACE
FORT LAUDERDALE, FL 33306**Current Mailing Address:**C/O CHRISTOPHER T. WILLIAMS
P.O. BOX 11298
FORT LAUDERDALE, FL 33339 US**FEI Number:** 59-6153214**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, CHRISTOPHER T.
HACKLEMAN, OLIVE & JUDD, P.A.
2426 E. LAS OLAS BLVD.
FORT LAUDERDALE, FL 33301 US*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.***SIGNATURE:** CHRISTOPHER T. WILLIAMS

01/20/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P/D
Name	WILLIAMS, CHRISTOPHER T.
Address	2807 NE 26TH PLACE
City-State-Zip:	FORT LAUDERDALE FL 33306

Title	V/D
Name	PELOQUIN, MARY
Address	2510 NE 12 CT
City-State-Zip:	FORT LAUDERDALE FL 33304

Title	S/D
Name	ORTMAN, CAROL LEE
Address	2532 NE 26TH AVE
City-State-Zip:	FORT LAUDERDALE FL 33305

Title	T/D
Name	O'BRIEN, CAROL
Address	2800 NE 14TH ST APT 22
City-State-Zip:	FORT LAUDERDALE FL 33304

Title	S/D
Name	BURT, LINDA MANNIX
Address	2648 NE 27TH AVE.
City-State-Zip:	FORT LAUDERDALE FL 33306

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROL O'BRIEN**TREASURER**

01/20/2016

Electronic Signature of Signing Officer/Director Detail

Date