


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90101 011 ****61.25

DOCUMENT # 751203			
1. Entity Name CORAL GARDENS II CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2820 RIVERSIDER DRIVE #208 CORAL SPRINGS FL 33065		Mailing Address 2820 RIVERSIDER DRIVE #208 CORAL SPRINGS FL 33065	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-2096569		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SULLIVAN, KAREN M ESQ 100 W. CYPRESS CREEK RD., STE 910 FT. LAUDERDALE FL 33309		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FINK, GLENN			NAME	MARIA PAYEN		
STREET ADDRESS	2810 RIVERSIDE DR #107			STREET ADDRESS	2800 RIVERSIDE DR #103		
CITY - ST - ZIP	CORAL SPRINGS FL 33065			CITY - ST - ZIP	CORAL SPRINGS, FL 33065		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WAGENER, FLORENCE			NAME	MARLENE MOONY		
STREET ADDRESS	2820 RIVERSIDE DRIVE #204			STREET ADDRESS	2830 RIVERSIDE DR #103		
CITY - ST - ZIP	CORAL SPRINGS FL 33065			CITY - ST - ZIP	CORAL SPRINGS, FL 33065		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PEREZ, SERGIO			NAME	JANET LANKFORD		
STREET ADDRESS	2810 RIVERSIDE DRIVE #205			STREET ADDRESS	2810 RIVERSIDE DR #		
CITY - ST - ZIP	CORAL SPRINGS FL 33065			CITY - ST - ZIP	CORAL SPRINGS, FL 33065		
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CRESPO, DAVID			NAME	JANINNE BUSH		
STREET ADDRESS	2810 RIVERSIDE DR #203			STREET ADDRESS	2820 RIVERSIDE DR #206		
CITY - ST - ZIP	CORAL SPRINGS FL 33065			CITY - ST - ZIP	CORAL SPRINGS, FL 33065		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAYEN, MARIE			NAME			
STREET ADDRESS	2800 RIVERSIDE DR #103			STREET ADDRESS			
CITY - ST - ZIP	CORAL SPRINGS FL 33065			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Florence Wagener Florence Wagener, Treas Date: 4/21/07 954-755-9065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #