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03-15-2007 90027 039 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N03000003829 1. Entity Name CORAL WEST VILLAS ASSOCIATION INC.	
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Principal Place of Business 3360-98 WEST 80TH ST HIALEAH, FL 33018	Mailing Address 2011 WEST 62ND ST HIALEAH, FL 33016
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66008355



DO NOT WRITE IN THIS SPACE

02262007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0167340	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

AMERICAN MGMT. & REALTY
 2011 WEST 62 STREET
 HIALEAH, FL 33016

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

Filing 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	
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SANZANO, ALEX
STREET ADDRESS	3384 WEST 80TH STREET, SUITE 101
CITY - ST - ZIP	HIALEAH, FL 33018
TITLE	TD
NAME	GOMEZ, NORMA S
STREET ADDRESS	3372 WEST 80TH STREET, #102
CITY - ST - ZIP	HIALEAH, FL 33018
TITLE	SD
NAME	CABALE, NOE
STREET ADDRESS	3372 WEST 80TH ST SUITE 202
CITY - ST - ZIP	HIALEAH, FL 33018
TITLE	D
NAME	DELGADO, HAROLD
STREET ADDRESS	3372 WEST 80TH ST SUITE 101
CITY - ST - ZIP	HIALEAH, FL 33018
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: _____ *Norma Gomez* 3/31/07 305-266-0908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #