

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000007032	
1. Entity Name CORAL SPRINGS ESTATE TOWNHOMES CONDOMNIUM ASSOCIATION INC.	



FILED
05 OCT 14 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1701 W 37 STREET #17 HIALEAH, FL 33012	Mailing Address 1701 W 37 STREET #17 HIALEAH, FL 33012
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2. Principal Place of Business 8360 W Oakland Pk Blvd Suite, Apt. #, etc. 301 City & State Sunrise, FL Zip 33351 Country Broward	3. Mailing Address PO Box 452199 Suite, Apt. #, etc. City & State Sunrise, FL Zip 33345-2199 Country Broward
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09232005 REIN-NP CR2E099 (6/04)

4. FEI Number 20-1290020	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PUIG, JUAN E 1701 W 37 STREET #17 HIALEAH, FL 33012	7. Name and Address of New Registered Agent Name Randall K Roger + Associates, P.A. Street Address (P.O. Box Number is Not Acceptable) 621 NW 53 St #300 City Boca Raton FL Zip Code 33487
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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 Randall K. Roger, Randall K. Roger, Pres. Randall K Roger 10-10-05
(NOTE: Registered Agent signature required when reinstating) + Associates DATE

FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50	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 NAME STREET ADDRESS CITY - ST - ZIP	D PUIG, JUAN E 1701 W 37 STREET #17 HIALEAH, FL 33012 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Jessica Remis 3750 NW 115 Way #2 Coral Springs, FL 33065 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSSBACH, MARK 1701 W 37 STREET #17 HIALEAH, FL 33012 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T Wayne Mitchell 3751 NW 115 Way #7 Coral Springs, FL 33065 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEL RIO, ERCILIO 1701 W 37 STREET #17 HIALEAH, FL 33012 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S Stacy Airall 3750 NW 155 Way #4 Coral Springs, FL 33065 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jessica S. Remis 09.30.05 95434169326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #