2007 NOT-FOR-PRO. I CORPORATION

ANNUAL REPORT

DOCUMENT # N03000007032

1. Entity Name
CORAL SPRINGS ESTATE TOWNHOMES CONDOMNIUM



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May	04,	200	7 8:	00	am
Sec	retá	ry o	f St	tate	•

05-04-2007 90102 025 ****61.25

ASSOCIA	ATION INC.									
Principal Place of Business A Mailing Address 8360 W OAKLAND PK BLVD P.O. BOX 452199 301 SUNRISE, FL 33351 Mailing Address P.O. BOX 452199 SUNRISE, FL 33345-2199						8 IIII 48 III 48 III 48 III	25111 26111 1531 2631 3631 3631 3631 3631 3631 3631 36		1181 B1 1881	
Principal Place of Business - No PO Box # Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02172007 Chg-NP CR2E037 (12/06)					
City & State		City & State			4. FEI Number 20-129002	20			plied For t Applicable	
Zip	Country	Zip	Zip Country		Certificate of Status Desired					
	6. Name and Address of Current	Registered Agent			7. Name and Add	dress of New Re	gistered Ager	nt		
PANDALL	K BOGER & ASSOCIATES E	- Δ		Name						
RANDALL K ROGER & ASSOCIATES, P.A. 621 NW 53 ST #300 BOCA RATON, FL 33487				Street Address (P O. Box Number is Not Acceptable)						
				City	<u> </u>		FL	Zip Code	•	
	named entity submits this statement folions of registered agent.	ir the purpose of changi	ing its registered	d office or registe	ered agent, or both, in	n the State of Flor	rida. I am famil	liar with, a	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable	(NOTE, Registered A	Agent signature require	rd when reinstating)		DATE			
Filing Fee Is \$61.25 9. Due by May 1, 2007		1				T				
			in Campaign Fin Fund Contribution		\$5.00 May Be Added to Fees		ake check pa da Departme	-	- (
10.		Trust F		n. 🗆		Flori	da Departme	nt of St	ate	
10.	Due by May 1, 2007	Trust F	fund Contribution	n. DP	Added to Fees ADDITIONS/CHANG	Flori GES TO OFFICER	da Departme	nt of St	ate	
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Thereby density that the information supplied with this rising does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental upger its 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 missed in powered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if an appear with all other like empowered.

INTELLAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone ≠ Date