


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90007 032 ****61.25

DOCUMENT # N05000012263

1. Entity Name
CORAL WAY GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
1395 BRICKELL AVE 14TH FLOOR MIAMI, FL 33131

Mailing Address
1395 BRICKELL AVE 14TH FLOOR MIAMI, FL 33131

40022914



2. Principal Place of Business - No P.O. Box #
2150 SW 16th AVENUE

3. Mailing Address
2150 SW 16th AVENUE

Suite, Apt. #, etc.
MANAGEMENT OFFICE

01092008 Chg-NP CR2E037 (12/06)

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33145

Country
USA

4. FEI Number
20-4056757

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WOOD, RICHARD A ESQ
1395 BRICKELL AVE 14TH FLOOR
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
NOPE

Street Address (P.O. Box Number is Not Acceptable)

City
FL 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)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLY, WILLIAM H 1395 BRICKELL AVE 14TH FLOOR MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCAMMON, ROBERT K 1395 BRICKELL AVE 14TH FLOOR MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ANA M. LEON GONZALEZ 2160 SW 16th AVE, UNIT 219 MIAMI, FLORIDA 33145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MARTHA FERNANDEZ 2160 SW 16th AVE, UNIT 314 MIAMI, FLORIDA 33145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DANIEL PRINZING 5900 SW 86th ST MIAMI, FLORIDA 33143 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER LARRY B. FREELAND 1920 SW 14th TERRACE MIAMI, FLORIDA 33144 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: *Daniel Prinzling* 1/27/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #