
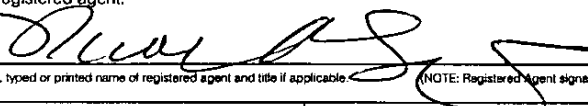



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90237 047 ****61.25

DOCUMENT # N25707 1. Entity Name CORAL SUN TOWNHOMES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O SWIFT MANAGEMENT SOLUTIONS, INC. 1750 UNIVERSITY DRIVE, STE 205 CORAL SPRINGS, FL 33071 US			Mailing Address C/O SWIFT MANAGEMENT SOLUTIONS, INC. 1750 UNIVERSITY DRIVE, STE 205 CORAL SPRINGS, FL 33071 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0075842	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROBERT KAYE & ASSOCIATES, PA 6261 NW 6 WAY SUITE 103 FORT LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name SWIFT MANAGEMENT SOLUTIONS Street Address (P.O. Box Number is Not Acceptable) 1750 UNIVERSITY DR #205 City CORAL SPRING FL Zip Code 33071	
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 1/31/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARENTI, ROBERT <input checked="" type="checkbox"/> Delete 4903 RIVERSIDE DRIVE CORAL SPRINGS, FL 33067				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAGASER, TERESA <input checked="" type="checkbox"/> Delete 4937 RIVERSIDE DRIVE CORAL SPRINGS, FL 33067				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GREENHILL, RICHARD <input type="checkbox"/> Delete 4945 RIVERSIDE DRIVE CORAL SPRINGS, FL 33067				
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	DS Eichholz, Eric <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4969 RIVERSIDE CORAL SPRINGS FL 33071				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Todd, Doreen <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4961 RIVERSIDE CORAL SPRINGS FL 33071				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. MARIAN CRAIG <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4985 RIVERSIDE CORAL SPRING FL 33071				
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				
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:  DATE 1/31/05 DAYTIME PHONE # 9543416340 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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01302005 Chg-NP CR2E037 (10/03)