

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90333 047 ****61.25

DOCUMENT # N97000002769

1. Entity Name
CORAL SPRING GARDENS ASSOCIATION, INC.



Principal Place of Business
**3550 NW 104TH AVE
37
CORAL SPRINGS, FL 33065 US**

Mailing Address
**7932 WILES ROAD
CORAL SPRINGS, FL 33067**

14001154



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1510767

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERT KAYE & ASSOCIATES INC.
6261 NW 6 WAY STE 103
FORT LAUDERDALE, FL 33309**

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Delete
NAME **PRENDERCAST, SHARRON**
STREET ADDRESS **3550 NW 104 AVE**
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DTVP** ☐ Delete
NAME **VAN NAME, NORMA**
STREET ADDRESS **3550 NW 104 AVENUE #21**
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR KOCH, LINDA**
STREET ADDRESS **3550 NW 104 AVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **PD** ☒ Delete
NAME **RODRIGUEZ, MARIO**
STREET ADDRESS **3550 NW 104 AVENUE #36**
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR REID, TERRE**
STREET ADDRESS **3550 NW 104 AVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Norma Van Name
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **NORMA VAN NAME**

4/15/05

954 344 5353

Date

Daytime Phone #