


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90057 031 ****61.25

DOCUMENT # N06000007340	
1. Entity Name	
CORAL TRACE OFFICE PARK CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
1930 HARRISON ST STE #502 HOLLYWOOD FL 33020	1930 HARRISON ST STE #502 HOLLYWOOD FL 33020

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	48 E. Flagler St PH 101
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	PH 101

City & State	City & State
	Miami, FL
Zip	Country
33131	



1st MOORE CR2E037 (10/06)

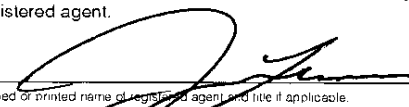
4. FEI Number	Applied For
20-5188011	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
SERBER, DANIEL J ESQ. 2875 NE 191ST ST AVENTURA FL 33180

7. Name and Address of New Registered Agent
Name LERMAN + LERMAN P.A.
Street Address (P.O. Box Number is Not Acceptable) 48 E. Flagler St (PH 101)
City Miami, FL Zip Code 33131

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
	2/2/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW - FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	BENENSON, ALAN
STREET ADDRESS	1930 HARRISON ST STE #502
CITY - ST - ZIP	HOLLYWOOD FL 33020
TITLE	SD <input type="checkbox"/> Delete
NAME	SHER, MICHAEL
STREET ADDRESS	1930 HARRISON ST STE #502
CITY - ST - ZIP	HOLLYWOOD FL 33020
TITLE	D <input type="checkbox"/> Delete
NAME	BATIEVSKY, ABRAHAM
STREET ADDRESS	1930 HARRISON ST STE #502
CITY - ST - ZIP	HOLLYWOOD FL 33020
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Assistant Secretary/D
STREET ADDRESS	LERMAN, JORGE
CITY - ST - ZIP	48 E. Flagler St (PH 101) Miami, FL 33131
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:	ALAN BENENSON	DATE	2/8/07	DAYTIME PHONE #	954-927-2717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					