

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90018 019 ****61.25

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1. Entity Name

**CORAL TRACE OFFICE PARK CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**1930 HARRISON ST STE #502
HOLLYWOOD FL 33020**

Mailing Address

**48 E FLAGLER ST
PH 101
MIAMI FL 33131**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-5188011

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LERMAN AND LERMAN PA
78 E FLAGLER ST (PH101)
MIAMI FL 33131**

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

**FILE NOW: 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 PD
NAME BENENSON, ALAN ☐ Delete
STREET ADDRESS 1930 HARRISON ST STE #502
CITY- ST- ZIP HOLLYWOOD FL 33020

TITLE SD
NAME SHER, MICHAEL ☐ Delete
STREET ADDRESS 1930 HARRISON ST STE #502
CITY- ST- ZIP HOLLYWOOD FL 33020

TITLE D ☒ Delete
NAME BATIEVSKY, ABRAHAM
STREET ADDRESS 1930 HARRISON ST STE #502
CITY- ST- ZIP HOLLYWOOD FL 33020

TITLE ASD
NAME LERMAN, JORGE ☐ Delete
STREET ADDRESS 48 E FLAGLER ST (PH101)
CITY- ST- ZIP MIAMI FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition
NAME *Director*
STREET ADDRESS *MACKENSON BERNARD*
CITY- ST- ZIP *2605 W. Atlantic Ave D202*
Delray Beach, FL 33445

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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

3/24/08

954-927-2717