

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2008 8:00 am
Secretary of State

07-29-2008 90010 047 ****61.25

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1. Entity Name
CORAL VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
C/O J & L PROPERTY MANAGEMENT
10191 W SAMPLE RD, SUITE #203
CORAL SPRINGS, FL 33065

Mailing Address
C/O J & L PROPERTY MANAGEMENT
10191 W SAMPLE RD, SUITE #203
CORAL SPRINGS, FL 33065

40112201



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07102008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-2240673

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CALDERAZZO, JAMES
% J & L PROPERTY MGMT. INC.
10191 WEST SAMPLE RD., SUITE #203
CORAL SPRINGS, FL 33065

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 September 12, 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 ☒ Delete
NAME OLIVKOVITCH, ZEV
STREET ADDRESS 11460 NW 43 ST
CITY-ST-ZIP POMPANO BEACH, FL 33065

TITLE PT ☐ Delete
NAME HODGES, RUTHMARIE
STREET ADDRESS 11467 NW 42ND ST
CITY-ST-ZIP POMPANO BEACH, FL 33065

TITLE D ☐ Delete
NAME PARKER, SUSAN
STREET ADDRESS 11488 NW 43RD ST
CITY-ST-ZIP POMPANO BEACH, FL 33065

TITLE D ☒ Delete
NAME YOUNG, SHANNON
STREET ADDRESS 11472 NW 43RDST
CITY-ST-ZIP POMPANO BEACH, FL 33065

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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME P QUOWANDA FORD
STREET ADDRESS 11460 NW 43RD ST
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ Change ☒ Addition
NAME D MAX EIDA
STREET ADDRESS 10542 LA REINA RD
CITY-ST-ZIP DELRAY FL 33446

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #