2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007340

FILED Mar 25, 2009 Secretary of State

Entity Name: CORAL TRACE OFFICE PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1930 HARRISON ST STE #502 3990 SHERIDAN STREET HOLLYWOOD, FL 33020

SUITE 214

HOLLYWOOD, FL 33021

Current Mailing Address: New Mailing Address:

48 E FLAGLER ST PH 101 MIAMI, FL 33131

FEI Number: 20-5188011 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LERMAN AND LERMAN PA LERMAN AND LERMAN PA 78 E FLAGLER ST (PH101) 48 E FLAGLER ST (PH101) MIAMI, FL 33131 MIAMI, FL 33131

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.

SIGNATURE: 03/25/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

BENENSON, ALAN BENENSON, ALAN Name: Name: 1930 HARRISON ST STE #502 Address: 1930 HARRISON ST STE #502 Address: City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: HOLLYWOOD, FL 33020

Title: SD () Delete Title: (X) Change () Addition

SHER, MICHAEL Name: ACEVEDO, CHRIS Name:

Address: 1930 HARRISON ST STE #502 Address: 2605 WEST ATALNTIC AVE SUITE D102

City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: DELRAY BEACH, FL 33444

Title: () Delete Title: VPD (X) Change () Addition

MACKENSON, BERNARD STRASSWIMMER, JOHN Name: Name: 2605 W ATLANTIC AVE 2605 W ATLANTIC AVE SUITE D204 Address: Address:

City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: DELRAY BEACH, FL 33444

Title: ASD () Delete Title: () Change () Addition Name:

LERMAN, JORGE Name: Address: 48 E FLAGLER ST (PH101) Address: MIAMI, FL 33131 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORGE LERMAN ASD 03/25/2009