

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 21, 2012
Secretary of State

DOCUMENT# N37068

Entity Name: CORAL POINTE ASSOCIATION, INC.**Current Principal Place of Business:**1599 NW 9TH AVE.
SUITE 2
BOCA RATON, FL 33486 US**New Principal Place of Business:****Current Mailing Address:**1599 NW 9TH AVE.
SUITE 2
BOCA RATON, FL 33486 US**New Mailing Address:****FEI Number:** 65-0203375**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KAYE BENDER REMBAUM
1200 PARK CENTRAL BOULEVARD SOUTH
POMPANO BEACH, FL 33064 US**Name and Address of New Registered Agent:**BROUGH, CHADROW & LEVINE
1900 NORTH COMMERCE PARKWAY
WESTON, FL 33326 US

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: SCOTT LEVINE

05/21/2012

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: P
Name: MUSGRAVE, HAROLD
Address: 5443 NW 43 WAY
City-St-Zip: COCONUT CREEK, FL 33073

Title: VP
Name: PELTCS, ERIC
Address: 5550 NW 44 WAY
City-St-Zip: COCONUT CREEK, FL 33073

Title: T
Name: LEVINSON, MITCHELL
Address: 5380 NW 41 WAY
City-St-Zip: COCONUT CREEK, FL 33073

Title: D
Name: VIDAL, GRACE
Address: 5446 NW 44 WAY
City-St-Zip: COCONUT CREEK, FL 33073

I hereby 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 all other like empowered.

SIGNATURE: HAROLD MUSGRAVE

P

05/21/2012

Electronic Signature of Signing Officer or Director_____
Date