

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000008073

**Entity Name:** CORAL SPRINGS CORPORATE CENTER CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 08, 2016**  
**Secretary of State**  
**CC5835517212**

**Current Principal Place of Business:**

12453 NW 44 STREET  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

12453 NW 44 STREET  
CORAL SPRINGS, FL 33065

**FEI Number: 20-5733465**

**Certificate of Status Desired: No**

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

SARROW, JEFFREY A  
300 SOUTH PINE ISLAND ROAD, STE 304  
PLANTATION, FL 33324 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name MELAMED, HOWARD  
Address 12453 NW 44 ST  
City-State-Zip: CORAL SPRINGS FL 33065

Title D  
Name GALLO, ENRICO  
Address 12497 NW 44TH STREET  
City-State-Zip: CORAL SPRINGS FL 33065

Title D  
Name GALARAGA, JAVIER  
Address 12469 NW 44TH ST  
City-State-Zip: CORAL SPRINGS FL 33065

Title D  
Name CONESA, JAIME  
Address 12461 NW 44TH ST  
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR  
Name MILLER, MICHAEL  
Address 12457 NW 44 STREET  
City-State-Zip: CORAL SPRINGS FL 33065

*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: HOWARD MELAMED**

**PRESIDENT**

**03/08/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date