


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 708618</b> 1. Entity Name 1500 CORAL TOWERS CONDOMINIUM, INC.	
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Principal Place of Business 1500 N. E. 127TH STREET NORTH MIAMI FL 33161	Mailing Address 1500 N. E. 127TH STREET NORTH MIAMI FL 33161
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip

1st MOORE CR2E037 (10/05)

4. FEI Number **59-1118683**  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  <b>GARDNER, MARY</b> <b>1500 NE 127TH STREET</b> <b>106</b> <b>N MIAMI FL 33161</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and true if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D GARDNER, MARY	<input type="checkbox"/>
NAME	1500 NE 127TH ST	
STREET ADDRESS	N MIAMI FL	
CITY-ST-ZIP		
TITLE	P GARDNER, MARY	<input type="checkbox"/>
NAME	1500 NE 127 ST #106	
STREET ADDRESS	NORTH MIAMI FL 33161	
CITY-ST-ZIP		
TITLE	SD FREEMAN, MARY	<input type="checkbox"/>
NAME	1500 NE 127 ST #803	
STREET ADDRESS	NORTH MIAMI FL 33161	
CITY-ST-ZIP		
TITLE	S NOLTON, PATRICIA	<input type="checkbox"/>
NAME	1500 NE 127 STREET #307	
STREET ADDRESS	N MIAMI FL 33161	
CITY-ST-ZIP		
TITLE	V MCVEIGH, PAT	<input type="checkbox"/>
NAME	1500 NE 127 ST #201	
STREET ADDRESS	MIAMI FL 33161	
CITY-ST-ZIP		
TITLE	D BACH, BRANDON	<input type="checkbox"/>
NAME	1500 NE 127 ST #306	
STREET ADDRESS	MIAMI FL 33161	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE	LI00000427585		
NAME	02/21/06-80013-017 61.25		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

Same

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